

Office of Media Technologies/CIT Apresso Classroom/Podcasting
Release Form



Date _____

I, _____ (Please Print) **give** Bergen Community College **permission to record my image and/or voice** and grant Bergen Community College all **rights to use these sound, still, or moving images** for educational purposes, which may include the Bergen Community College Web site, and other purposes that support the mission of the College. I agree that the rights to the sound, still, or moving images belong to Bergen Community College.

In addition to the streaming audio/video file options, if this recording has a podcasting option I understand that such recording will be available for download to an individual's computer.

I further release Bergen Community College, and those acting under its authority from any and all claims of compensation, damage for libel, slander, invasion of the right of privacy or any other claims based on, arising out of, or connected with the use of said audio/video recordings/podcasts.

Signature _____

I am 18 years of age or older Under the age of 18*

*If you are under the age of 18, your Parent or Guardian has to give permission by signing below.

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____ Date _____

Student Address _____ E-mail _____

_____ Phone _____

For Office Use Only

Project _____