

## Consent Form For Audio-Video Broadcast, Recording, and Reproduction

Dear speaker/performer,

Thank you for speaking at Pellissippi State and sharing your knowledge with our students, faculty and staff. The event organizers have requested that your performance/presentation be streamed and/or recorded for sharing to all of the campuses and/or posted online. If you agree, this means that your audio/video and visual aids will be made available for a live stream during the performance/presentation and/or on-demand viewing, and the recorded materials will be stored in a long-term archive on a Pellissippi State server or other media. It does NOT mean that Pellissippi State is claiming ownership to your content, media or other intellectual property, unless another agreement is in place between you and the College.

Please select which reproduction options Pellissippi State Community College is permitted to use with any video or audio recording and sign the form.

Select all that apply:

\_\_\_\_\_ Streamed live on the internet during the performance/presentation

\_\_\_\_\_ Recorded playback limited by password protected access via the internet.

\_\_\_\_\_ Recorded playback available to campus and general public via the internet.

**Agreement:** I give permission for my presentation to be streamed and/or recorded and for the recording to be used for academic purposes at Pellissippi State Community College. I understand that no employees or students of Pellissippi State have any claim to the content, media or other intellectual property contained in the presentation/performance. I have read the choices above and authorize Pellissippi State Community College to reproduce for non-commercial activities only any and all audio/video recordings of me during this event. If an item is not checked, Pellissippi State Community College assumes no permission has been given.

\_\_\_\_\_  
Name of Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Performer/Speaker\*

\_\_\_\_\_  
Location

\_\_\_\_\_  
Individual Requesting Recording/Stream

\_\_\_\_\_  
Sponsoring Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Please use a separate form for EACH performer/speaker. All performers/speakers must consent to the archiving of the program.

Form updated: February 2018