Office of Media Technologies/CITL Vodcasting/Podcasting

Release Form



COMMUNITY COLLEGE	Date
Rare Opportunities. Shared Dreams.	
□ I,	(Please Print) give Bergen Community
College permission to record my image ar	nd/or voice and grant Bergen Community
College all rights to use these sound, still,	
purposes, which may include the Bergen Co	
purposes that support the mission of the Col	
still, or moving images belong to Bergen Co	ommunity College.
In addition to the streaming audio/video file option I understand that such recording will individual's computer.	
I further release Bergen Community College any and all claims of compensation, damage privacy or any other claims based on, arising audio/video recordings/podcasts.	e for libel, slander, invasion of the right of
Signature	
I am ☐ 18 years of age or older ☐ U *If you are under the age of 18, your Parent	Under the age of 18* or Guardian has to give permission by signing below
Parent or Guardian Name (Print)	
Parent or Guardian Signature	Date
Student Address	E-mail
	Phone
	Office Use Only

Project _____

CITL 9/20