

Media Consent Release Guidelines

In distance education and hybrid courses there is a proliferation of learning technologies available for delivering instruction. The use of these technologies create exciting opportunities for collaboration and increase access to instructional content. This document contains guidelines that need to be considered when recording students, guest lecturers, and others using the various learning technologies available. **FERPA requires that any personally identifiable information maintained by ECU about an ECU student may NOT be disclosed without the student's prior written consent.** ECU needs to be able to demonstrate that it has permission from the students and others to include them in electronic media.

When recording an ECU class lecture, meeting or collaborative session using available learning technologies you need the following:

1. A **Media Consent Release** form (attached) must be executed by all students in the class-form must be permanently kept for your records; or
2. Clear notice in the class syllabus that the class will be recorded, those who do not wish to be recorded must notify the professor and those who do not so notify will be deemed to have given full permission to be recorded and for ECU to use their recorded image for any purpose whatsoever. Provide this information to the class orally;
3. If you are focusing the video on students, both 1 & 2 are required.

Sample Language for Syllabus which should be prominently displayed:

This class will be recorded and broadcast on the Internet and/or distributed on other electronic media now or hereafter known. These recordings may contain your image and your voice. You must notify me as soon as possible if you DO NOT want your image and your voice contained on the recording. If you do not so timely notify me, then you understand and authorize that as part of this class we may record your image and record your voice and broadcast it on the Internet and/or distribute it on other electronic media now or hereafter known.

When recording guest lecturers, interview candidates, or others, you need the following:

1. A **Media Consent and Release** form must be executed by each individual (form attached). The form must be permanently kept for your records.

When recording PK-12 students in conjunction with an ECU project/class:

1. Before recording PK-12 students, communication from the ECU faculty/student to the public school classroom teacher **and** parents about the assignment is required. This can be a memo that is attached to the top of the PK-12 school system consent form or a separate memo included with the PK-12 school system consent form. The memo should include what is being recorded, why and how it will be used (i.e., placed on a public Web server for class viewing, used for educational conferences and/or presentations), and an acknowledgement from the classroom teacher that the parents and school system are aware of what ECU may do with the media in the future.

2. The ECU student, with the classroom teacher, is to verify that the public school students have the appropriate consent forms on file as per the policy of the school/school system.

ITCS Procedures for Uploading Media files to a Public Web Server:

Four criteria must be met:

1. Viewing rights must be stated in the Media Consent Release form. This should include the viewing audience and the manner in which the file(s) will be used.
2. All video files must be streaming and not available for download.
3. **FERPA requires that any personally identifiable information maintained by ECU about an ECU student may NOT be disclosed without the student's prior written consent.**
4. ECU faculty, staff, and students have a responsibility to use materials in compliance with [US Copyright law](#).

To record patients or any act related to medical information:

1. Contact the HIPAA Compliance Officer (744.2030) PRIOR to making any such recordings.

Media Consent and Release for ECU Students

In consideration of being permitted to participate in East Carolina University technology initiatives, such as videotape recordings, lecture capture, web conferencing sessions and virtual reality projects I, the undersigned, do for myself, my heirs, and personal representatives, agree to hereby release, hold harmless, and discharge ECU, all of its officers, agents, and employees from and against any and all claims, actions, or causes of action, liability, and demands whatsoever that I or my representatives have or may have against any of them which result from causes beyond the control of, and without the fault or negligence of East Carolina University, its officers, agents or employees which stem from, arising out of, or in connection with the use of my photographic portraits, or pictures, name, likeness or voice (for example, as an avatar in a virtual reality project), or any or all of them, either live or on archive video, including without limitation any and all claims for defamation or invasion of privacy with my participation in the video recording.

I understand that this consent may be revoked by notifying the instructor/classroom teacher of the intent to do so. Such revocation will indicate the wish to not participate in the class recordings and understanding that the instructor/classroom teacher will allow me to sit in a portion of the room which will not be recorded and archived. However, I acknowledge that if I speak in class, what is said may be recorded. If I do not wish to be recorded/video archived and/or audio recorded/audio archived, I will not be penalized in any way whatsoever. I acknowledge that should I decline to be recorded; an alternate assignment will be provided.

My signature below acknowledges my understanding that this involves the recording, broadcasting, and archiving of classroom sessions. I understand and consent that this information may be placed on a public Web server with authentication for class viewing. I also understand and consent to the possibility that any broadcast and reproduction of any class session may be used without my prior examination and/or approval.

I understand that by recording other people besides myself, that I am responsible for obtaining this media **consent release** form for each person. In addition, I have informed each participant how the video will be used and stored.

Participating ECU Course or Program: _____

Faculty: _____

Witness:

Participant:

Signature

Date

Signature

Date

Print Name

Print Name

If a guest lecturer requests a copy of their presentation, students must initial by the following paragraph.

By my initials below, I understand that my faculty will give guest lecturers a copy of their recorded lecture and I consent to the release of my education record to the extent it is contained in said video. I understand and acknowledge that the guest lecturer is not controlled by ECU and may further distribute said video.

(Initial)

If you have questions about this form, please contact your instructor/classroom teacher.

Media Consent and Release for Minors (PK-12 Classroom Students)

In consideration of my child being permitted to participate in East Carolina University technology initiatives, such as videotape recordings, lecture capture, web conferencing sessions and virtual reality projects I, the undersigned, do for myself, my child, my heirs, and personal representatives, agree to hereby release, hold harmless, and discharge ECU, all of its officers, agents, and employees from and against any and all claims, actions, or causes of action, liability, and demands whatsoever that I or my representatives have or may have against any of them which result from causes beyond the control of, and without the fault or negligence of East Carolina University, its officers, agents or employees which stem from, arising out of, or in connection with the use of my child's photographic portraits, or pictures, name, likeness or voice (for example, as an avatar in a virtual reality project), or any or all of them, either live or on archive video, including without limitation any and all claims for defamation or invasion of privacy with my participation in the video recording.

I understand that this consent may be revoked by notifying the instructor/classroom teacher of the intent to do so. Such revocation will indicate the wish to not participate in the class recordings and understanding that the instructor/classroom teacher will allow me/my child to sit in a portion of the room which will not be recorded/video archived. However, I/my child acknowledge that if I/my child speaks in class, what is said may be recorded. If I/my child do not wish to be recorded/video archived and/or audio recorded/audio archived, I/my child will not be penalized in any way whatsoever. I acknowledge that should I/my child decline to be recorded, an alternate assignment will be provided.

My signature below acknowledges my understanding that this involves the recording, broadcasting, and archiving of classroom sessions. I understand and consent that this information may be placed on a public Web server with authentication for class viewing. I also understand and consent to the possibility that any broadcast and reproduction of any class session may be used without my prior examination and/or approval.

I understand that by recording other people besides myself, that I am responsible for obtaining this media **consent release** form for each person. In addition, I have informed each participant how the video will be used and stored.

Participating ECU Course or Program: _____

Faculty: _____ Participant Name: _____

Witness:

Participant (Parent or Guardian):

Signature

Date

Signature

Date

Print Name

Print Name

If you have questions about this form, contact the instructor/classroom teacher.

Media Consent and Release for Minors (participants in Camps)

In consideration of my child being permitted to participate in East Carolina University technology initiatives, such as videotape recordings, lecture capture, web conferencing sessions and virtual reality projects I, the undersigned, do for myself, my child, my heirs, and personal representatives, agree to hereby release, hold harmless, and discharge ECU, all of its officers, agents, and employees from and against any and all claims, actions, or causes of action, liability, and demands whatsoever that I or my representatives have or may have against any of them which result from causes beyond the control of, and without the fault or negligence of East Carolina University, its officers, agents or employees which stem from, arising out of, or in connection with the use of my child's photographic portraits, or pictures, name, likeness or voice (for example, as an avatar in a virtual reality project), or any or all of them, either live or on archive video, including without limitation any and all claims for defamation or invasion of privacy with my participation in the video recording.

I understand that this consent may be revoked by notifying the instructor/classroom teacher of the intent to do so. Such revocation will indicate the wish to not participate in the class recordings and understanding that the instructor/classroom teacher will allow me/my child to sit in a portion of the room which will not be recorded/video archived. However, I/my child acknowledge that if I/my child speaks in class, what is said may be recorded. If I/my child do not wish to be recorded/video archived and/or audio recorded/audio archived, I/my child will not be penalized in any way whatsoever. I acknowledge that should I/my child decline to be recorded, an alternate assignment will be provided.

My signature below acknowledges my understanding that this involves the recording, broadcasting, and archiving of classroom sessions. I understand and consent that this information may be placed on a public Web server with authentication for class viewing. I also understand and consent to the possibility that any broadcast and reproduction of any class session may be used without my prior examination and/or approval.

I understand that by recording other people besides myself, that I am responsible for obtaining this media **consent release** form for each person. In addition, I have informed each participant how the video will be used and stored.

Participating ECU Course or Program: _____

Faculty: _____ Participant Name: _____

Witness:

Participant (Parent or Guardian):

Signature

Date

Signature

Date

Print Name

Print Name

If you have questions about this form, contact the instructor/classroom teacher.

Media Consent and Release for Guest Lecturers and Presenters

East Carolina University (ECU) release for On Demand, Live and Archive Video

In consideration of being permitted to participate in _____ at East Carolina University (ECU), I hereby grant to ECU the absolute and irrevocable right and unrestricted permission in connection with the recording, web use, and archiving of the _____ on _____ with respect to my name, video, photographic portraits or pictures, likeness, or voice or any or all of them or in which I may be included with others, to copyright the same, in ECU's own names or otherwise; to use, re-use, publish, and re-publish the same in whole or in part, individually or in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising, videoconference, and web use or any other purpose whatsoever without restriction as to alteration. My signature below acknowledges my understanding that this involves the recording, web use, and archiving of the event/presentation. I understand and consent to the possibility that any web use and reproduction of any class session may be used without my prior examination and/or approval.

In consideration of being permitted to participate in _____, I, the undersigned, do for myself, my heirs, and personal representatives, agree to hereby release, hold harmless, and discharge ECU, all of its officers, agents, and employees from and against any and all claims, actions, or causes of action, liability, and demands whatsoever that I or my representatives have or may have against any of them which result from causes beyond the control of, and without the fault or negligence of East Carolina University, its officers, agents or employees which stem from, arising out, of or in connection with the use of my video, photographic portraits, or pictures, name, likeness or voice, or any or all of them, either live or on archive video, including without limitation any and all claims for defamation or invasion of privacy with my participation in _____.

I fully understand that my participation in _____ is completely voluntary, and that I am not under any requirement to participate.

This acknowledges that I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me, my heirs, legal representatives, and assigns.

Witness:

Participant:

Signature

Date

Signature

Date

Print Name

Print Name