

NJIT Converged Classroom Release Form

Converged classes may be recorded by the instructor(s) for the purposes of allowing students to review the recorded class at a later time. Due to the nature of these recordings, your voice, image, notes/documents presented in class, and/or discussions may be recorded, broadcasted, and distributed in order to fully capture the classroom experience. These recordings may be used for this semester as well as future classes. By signing this document, you are consenting to such recording. If you do not consent to the recording, please discuss with the instructor prior to the start of the recording.

I acknowledge that I am over the age of 18 and that I am voluntarily participating in the converged classroom course _____ (“Course”). I agree that my participation in the Course constitutes a learning experience and confers upon me no rights of ownership or compensation. By enrolling in this Course, I authorize NJIT, its officers, employees, and representatives (hereinafter “NJIT”) to use for academic purposes and without restrictions, all materials produced pursuant to my participation, including but not limited to any photographed or recorded image/video/audio of either me or property belonging to/made by me (“Materials”). NJIT shall solely own all copyrights in all Materials and will retain said Materials in accordance with the university’s records management policy. In consideration for being allowed to participate in the Course, I hereby release NJIT from any and all claims or liabilities that may arise from my participation in the Course and/or in relation to use of the Materials by NJIT. I confirm that any and all documents, aids, and material furnished by me for this Course is either my own or otherwise authorized for such use without obligation to me or to any third party.

I understand that I may withdraw consent to this Release at a later date by submitting a withdrawal request in writing to the class instructor. Further, I understand that any such withdrawal of consent will apply only to class recordings made after the receipt of the written revocation of consent.

I expressly understand and agree this Release is intended to be as broad as permitted by law and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. By signing below, I acknowledge that I have carefully read and understand this release, and agree to its provisions.

_____	_____	_____
Signature of Student Participant	Print Name of Student Participant	Date

_____	_____	_____
Signature of Guardian (if minor)	Print Name of Student Participant	Date