

Interviewee Video and Audio Consent and Release Form

I (“Interviewee”) authorize The Trustees of Indiana University on behalf of _____ [*department/school*] (hereafter “IU”), acting through its agents, employees, or representatives, to audio and/or video record me and my presentation(s) _____ [*state, in detail, the nature of the presentation(s)*] including my name, my image, my likeness, my performance, and/or my voice (“Recordings”) as a component of my application for, and consideration for, a position of employment with IU.

Interviewee acknowledges and agrees that IU shall own all right, title and interest in and to the Recordings, but that Interviewee shall retain any intellectual property rights that may attach to Interviewee’s presentation(s).

I agree that the Recordings may be used by IU as deemed necessary by its agents, employees, and representatives, for internal review and replay, in connection with my consideration for employment with IU. I waive any right to inspect or approve of the Recordings. I acknowledge that, given the purpose of the Recordings, I waive any right to compensation for, or in connection with, the Recordings.

Given the nature of and use for these Recordings, I release IU and its employees, agents, and representatives from any claim, damages, or liability that may arise from, or be related to, my participation in the Recordings or IU’s use of the Recordings.

I have read this entire Interviewee Video and Audio Consent and Release Form. I fully understand it, and I agree to be bound by it.

Location of Recordings: Online streaming and recording via Zoom/other software

Date(s) of Recordings _____

Interviewee’s Signature _____ Date: _____

Interviewee’s Printed Name _____

