

RELEASE FORM

Course/Production Title: _____

I _____, the undersigned, authorize the staff of Northern Illinois University (NIU), eLearning Services, and affiliate departments and organizations to record, film, and videotape my voice and image and to photograph my person.

I further authorize Northern Illinois University to use, televise, and publish (in print or on the Internet) such voice and image recordings and photographs for any purpose which Northern Illinois University deems suitable and which is consistent with the educational purpose of Northern Illinois University. I agree that no representations have been made regarding the purpose or use of my voice or image except for those set forth in this release.

In consideration of participating in the media production described herein, I do for myself, my heirs, executor, administrators, legal representatives and assigns release and forever discharge the Board of Trustees, NIU, NIU eLearning Services, and their officers, agents, and employees and all other persons connected with the named production from any and every claim, demand, action, in law or equity that may arise as a result of my participation in the production named in this release.

I further state that I have carefully read the terms of this release. I understand that I am signing a complete release and bar to any claim resulting from my participation in the production named in this release.

Signature of Participant

Witness

Date

Signature of authorized person when Participant is a minor or otherwise unable to sign in his or her own behalf