

CONSENT FORM FOR RECORDING LECTURES  
*in the case of Guest Lecturers*

*This form is to be signed by the person who has been invited to participate as a guest lecturer and has agreed to be recorded as part of a lecture carried out at Concordia University.*

Course #.....

Date of lecture(s).....

I, the undersigned, agree to my lecture(s) being recorded by Concordia University.

I have read and am familiar with the "Lecture Capture Guidelines" (the "Guidelines").

When a recording is being made, I will notify everyone present that a recording is being made.

I confirm that where material is included in the recording which is the intellectual property, including copyright, of another party, I have permission to include the materials in my lecture for educational purposes.

I understand that the recording may be used by Concordia University for the purposes of education and that such recordings will be posted on Moodle, as set out in the Guidelines.

I, the undersigned, do hereby agree to grant a free, unconditional, irrevocable, perpetual, non-exclusive worldwide licence for all performance rights in the recording of lectures to Concordia University.

I, the undersigned, consent to the use of my biographical data (name, biographical information) in connection with all uses of the recorded lecture.

NAME OF GUEST LECTURER \_\_\_\_\_

CONTACT TELEPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_