Virtual Recording Waivers for Educational Events

The Office of Legal Affairs has been consulted to provide language that will allow for virtual recording waivers to be used for the purposes of recording virtual educational events held within the Division of Geriatrics and Gerontology and across the UW-Madison.

Any CME or CEU event that is part of a current UW-Madison, Department of Medicine, Division of Geriatrics and Gerontology Grand Rounds or Didactics series is exempt from using these forms; however, it is best practice to use these forms and have waivers documented and on record for speakers from other institutions (i.e. outside of UW, UWMF, and UW Health). All other virtual events, whether internal or external to the Division of Geriatrics and Gerontology, must use a waiver form for each educational event and store all waivers for future reference.

All virtual educational events should make a general statement at the beginning after the session starts recording to say: "This educational event is being recorded for the purposes of online learning for XXXX. This recording will be accessible on XXXX website."

1. There are two different virtual recording waiver forms available. Select a form, and send this to the appropriate speakers, internal and/or external. The third available form is for a general talent release for using someone’s likeness (virtual recording, audio media, web media, or print media).
   Depending on your virtual event, you may be required to use all three forms:
   - Release for external speaker and their materials
   - Notice for employees when recording/using their presentations
   - General talent release for permission to use someone’s likeness, etc., including option for children.

2. If you are interested in editing a Google form, please request access to this from Sue Carlson (carlson@biostat.wisc.edu). An example of a Google virtual recording waiver can be found here: https://docs.google.com/forms/d/e/1FAIpQLSeHlAIa5yFVv5f18EMmThlCoS8B3h_66Gu6CE9t2U5Q7MUkesBZg/viewform
   It is the responsibility of each editor to ensure the forms use the approved language provided in the PDF forms, as well as keep all signed waiver documents accessible from the G drive as stated in step 3.

3. Keep all signed waiver documents saved by virtual event within the designated PI’s folder on the G drive for easy access: G:\Team\Geriatrics General\Virtual Recording Waivers\Records Retention by PI
UNIVERSITY OF WISCONSIN-MADISON
UW-MADISON EMPLOYEE SPEAKER ACKNOWLEDGEMENT FORM

Employee Speaker Name: ____________________________________________

Presentation Date/Time: ____________________________________________

Title of Presentation: ____________________________________________

Presentation:

I acknowledge that the titled presentation, together with my voice, image, and likeness, will be recorded and distributed by the University of Wisconsin-Madison ("University") as a virtual learning opportunity to the campus and local community. The University may distribute the recording and/or excerpts through media now or hereafter known. I understand that the University owns any rights in the presentation, materials, and recording since my contribution to the development of the presentation and accompanying materials has been part of my specific duties and responsibilities as an employee of the University.

Materials:

Given the planned virtual distribution of the presentation and any accompanying materials, I understand the importance of ensuring that the presentation and materials do not violate the copyrights, privacy rights, or other right, of any party. I acknowledge that the presentation and any accompanying materials are my original work or I have obtained the appropriate permissions to use the materials in the manner described herein.

Signature of Speaker ____________________________________________ Date ____________________________________________

Email Address ____________________________________________ Telephone ____________________________________________
UNIVERSITY OF WISCONSIN-MADISON
EXTERNAL SPEAKER RELEASE FORM

Speaker Name: ________________________________

Presentation Date/Time: _______________________

Title of Presentation: __________________________

Presentation:

I acknowledge that my presentation titled above is intended for distribution by the University of Wisconsin-Madison (“University”) as a virtual learning opportunity to its campus and local community. I give the University permission to record my image, likeness, voice, presentation, and associated materials. I acknowledge that the University will become the copyright owner of the recording but that I retain all other rights in the materials I provide for the recording, including copyright. I further acknowledge that the University may maintain this recording and/or excerpts (including speech to text transcripts) from it and distribute through a variety of platforms including the Internet and any other new media now known or developed in the future. I grant the University the absolute and irrevocable right and permission to use, re-use, publish, and re-publish, and otherwise reproduce, modify, and display, in whole or in part, individually or in conjunction with other information, and in conjunction with any copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising, and trade, news, informational and educational purposes my presentation, materials, image, likeness, and voice.

I warrant that I have the full right and authority to grant this consent. In addition, I waive all claims to compensation or damages based on the use of my presentation, materials, image, likeness or voice by the University and waive any right to inspect or approve the finished recording, transcripts or subsequent uses. I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I understand that I will receive no remuneration or consideration for my presentation or for the use of my materials, image, likeness or voice. I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

Materials:

I warrant that:

• my presentation will not violate the copyrights, privacy rights, or other right, of any party.

• the image(s) and any associated materials I have provided to the University for the recording will not violate the copyrights, privacy rights, or other rights of any party.

• I have the right to enter into this release and that nothing in my presentation or lecture and associated materials and the rights I have granted here will conflict with or violate any commitment or understanding I have to or with any person or entity.
• I release the University and its employees and agents from any and all liability for claims or demands that arise out of or relate to the use of recordings that contain my work or materials.

Signature of Speaker

Date

Email Address

Telephone

WISCONSIN
UNIVERSITY OF WISCONSIN–MADISON
Talent Release -- Video/Photo/Audio Consent Form

I, the undersigned, do hereby consent to the use by __________________(name of student) and the University of Wisconsin-Madison of my image, voice, or both described below, in (1) the video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of either __________________(name of student) or the University of Wisconsin-Madison.

Further, I hereby grant to the University of Wisconsin-Madison the absolute and irrevocable right and permission to use, re-use, publish, and re-publish, and otherwise reproduce, modify, and display, in whole or in part, individually or in conjunction with other information, and in conjunction with any copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising, and trade, news, informational and educational purposes and to copyright the same, in its own name or otherwise and assign my rights throughout the world in the following information related to me.

I warrant that I have the full right and authority to grant this consent.

In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by either __________________(name of student) or the University of Wisconsin-Madison I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I understand that I will receive no remuneration or consideration for use of my image, voice or both.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

Description of video, photograph, or audio recording:

________________________________________________________________________________
________________________________________________________________________________

Printed name of talent: Age of talent: __________________________

Address of talent: __________________________

Signature of talent: Date: __________________________

Parent/ Guardian Printed Name and Signature (if talent is under age 18)

Name of photographer/videographer: Address: __________________________