Recording and Personal Data Authorization and Release Form
(FSPCA Lead Instructor Training)

I, ________________________________, am freely electing to participate in virtual Lead Instructor Training offered by the Food Safety Preventive Controls Alliance ("FSPCA") of Illinois Institute of Technology’s ("IIT"). This training will take place from ____________ to ____________. As part of this training, I understand that I will participate in a “teach back” session, which will require me to be filmed and/or videotaped providing a mock training session, which video will be reviewed by one or more FSPCA trainer-of-trainers for the purpose of providing me feedback (the “Activity”).

I hereby grant to FSPCA and IIT the right, permission and license to take and to record, by digital and/or videotaped means, including recording my voice, the Activity (collectively, the “Images and Recordings”) and to make the Images and Recordings available for viewing, including, without limitation, by digital means, by FSPCA personnel, consultants and agents for the purpose noted in the foregoing paragraph for a period of 90 days following the Activity. Upon expiration of said 90-day period, the Images and Recordings will be destroyed, erased and/or deleted, as the case may be.

I confirm that my consent to the foregoing is being made knowingly and voluntarily, and I state and acknowledge that I am freely and knowingly agreeing to accept and to assume any and all risks that may arise from or be related to such undertakings. Further, as this grant is being freely and knowingly given, I agree that I shall not attempt to hold FSPCA, IIT and/or its trustees, officers, and employees liable for any kind of injury or loss resulting from or arising out of FSPCA’s or IIT’s exercise of said right, permission and license and release the same from any such liability.

I have read and understand the above provisions and am freely and knowingly agreeing to be bound by them. This Form shall be construed in accordance with Illinois law, without regard to its choice of law principles, and jurisdiction for any dispute related to this Form shall be heard in the courts located in Chicago, IL.

Name:____________________________________________________________
Date:_____________________________________________________________
Signature:_________________________________________________________