Declaration of Consent regarding recording, processing, saving and distributing recordings of the online Lorentz Center workshop “Modelling the Galactic Magnetic Field 2021”

This consent form involves providing your consent to recording (video and sound material, hereafter referred to as: “the material”) all presentations of the online Lorentz Center workshop Modelling the Galactic Magnetic Field 2021. This statement clarifies which personal information will be collected during the processing of the material, how your personal information is used and the rights you have.

You will appear recognizable in the recording, which is why the material could be qualified as personal information. The material is recorded, processed, saved, distributed and shown for the following objectives: making recordings accessible for online workshop participants in different time zones (who may not be able to follow the presentations live). If you agree with recording of the sessions but do not wish to be visible and/or heard, you have the right to close your camera and/or microphone at all times and ask your questions through the chat function. This applies to participants who do not have to provide a presentation.

Leiden University will take appropriate technical and organizational measures to protect your personal information towards loss or any other form of illegal processing. The material is recorded on MS Teams, an online platform administered by Leiden University. The material is distributed on the Research Drive of Leiden University and will be accessible for participants of the workshop only.

The scientific organizers Jennifer West, Marijke Haverkorn, Anvar Shukurov, Tess Jaffe, Jörg Hörandel and François Boulanger will be responsible for saving and distributing the recordings. The material will only be saved for as long as it serves its purpose: 1 month and will be destroyed afterwards.

You have right to contact us via info@lorentzcenter.nl to request insight into the recording you cooperated in and/or your declaration of consent. You have right to limit the declaration of consent and/or to withdrawal. We will handle your request following the ‘General Data Protection Regulation’ (GDPR). You have right to file a complaint at the Data Protection Officer of Leiden University (privacy@bb.leidenuniv.nl) and/or at the Authority Personal Data.
Hereby I declare that the Lorentz Center provided sufficient information regarding the recording and I have read the available information thoroughly. I have had sufficient occasions to ask questions regarding the recording. My questions were answered sufficiently. I have had sufficient time to consider my participation in this recording.

I am aware that my participation in this recording is voluntary. I know that I have right to decide at any moment to withdrawal my participation or to cancel my participation. I do not have to provide a reason for my decision.

I agree to the recording and provide the scientific organizers of this workshop (Jennifer West, Marijke Haverkorn, Anvar Shukurov, Tess Jaffe, Jörg Hörandel and François Boulanger) and the Lorentz Center the right to save this material, to process, distribute and show the material as explained in the procedure above. Below you can indicate whether you agree or disagree with the statement above.

I declare that I indemnify Leiden University, the Lorentz Center and Jennifer West, Marijke Haverkorn, Anvar Shukurov, Tess Jaffe, Jörg Hörandel and François Boulanger against any claim to my portrait right for the recording.

Date: ......................................................... Place: .........................................................

Name participant: .............................................................................................................

Date of birth: ......................................................................................................................

E-mail address: * ..................................................................................................................

Signature: ............................................................................................................................

* Only for contact regarding permission.

I do not agree on the above and therefore I declare that I do not agree to be recorded.

Date: ......................................................... Place: .........................................................

Name participant: .............................................................................................................

Signature: ............................................................................................................................