

Audio-Visual Recording Consent Form

I hereby give my consent to be audio-visually recorded during the specified event or activity. I understand that the recordings may be used for purposes including, but not limited to, educational, promotional, or informational materials.

Participant Information

Full Name:

Email Address:

Consent Agreement

☐ I have read and understood the above information and voluntarily agree to participate in audio-visual recording.

Signature:

Date:

Submit