

Audio/Video Recording Consent for Publication

Full Name

Date

Email Address

I hereby grant permission to to record, use, reproduce, and distribute any audio and/or video recordings of me for purposes including publication, educational use, marketing, and distribution in any and all media formats.

I understand these recordings may be used in various media, print, and online settings. I waive any rights to royalties or other compensation related to the use of these materials.

I confirm that I am of legal age and have the authority to grant this consent.

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I agree to the terms above.

Signature