

Virtual Event Consent and Release Form

Please read the following consent and release information carefully. By providing your signature below, you acknowledge that you have read, understood, and agree to the terms outlined.

Participant Information

Full Name

Email Address

Organization (if any)

Event Name

Consent and Release

I understand that this virtual event may be recorded and/or photographed for nonprofit purposes, such as documentation, promotion, and sharing within the organization and its partners. By participating, I consent to the use of my image, voice, and statements in any media related to the event.

I release and hold harmless the nonprofit organization from any claims arising from the use of such recordings or photographs.

Signature

Participant Signature (Type Full Name)

Date

Parent/Guardian Consent (if participant is under 18)

Parent/Guardian Name

Parent/Guardian Signature (Type Full Name)

Date

