

Sports Event Live Streaming Consent Form

Event Name:

Event Date:

Participant Name:

Consent Statement

I acknowledge that the above-mentioned event may be recorded and live-streamed via online platforms. I understand that my image, voice, and name may be captured during the event. By signing below, I consent to participate and allow the use of such materials for broadcast, promotional and archival purposes.

☐ I have read and agree with the consent statement above.

Signature of Participant

_____ Date

For Participants Under 18

Parent/Guardian Name:

☐ I am the parent/guardian and consent on behalf of the participant.

Signature of Parent/Guardian

_____ Date