

# Podcast Participation Clearance Form

Participant Name

Email Address

Contact Number

Date

Podcast Title / Episode

Host Name

Purpose of Participation / Role

Clearances

☐

I consent to being recorded and for my audio/video to be used as part of the podcast.

☐

I grant permission for the podcast episode to be published and distributed.

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I understand I can revoke my consent with written notice.

Participant Signature

Date

