

Corporate Training Session Recording Consent Form

Full Name

Email Address

Date

Training Session Title

Consent Details

I acknowledge that the training session may be recorded in audio and/or video format. I consent to the recording of my participation in this session, including my image, voice, and any comments or questions I may provide.

I understand the recordings may be used by the organization for training, quality, reference, or archiving purposes.

I understand that I may contact the organizer if I have questions or wish to revoke my consent prior to the session.

☐ I have read and agree to the terms above.

Signature

Signed Date