

Corporate Training Media Waiver and Liability Form

Participant Information

Name

Email

Department

Media Waiver

I understand that during the course of training sessions, photographs, video recordings, and/or audio recordings may be taken in which I may appear. By signing this form, I grant permission to the organization to use, publish, and distribute such media for internal and external communication or promotional purposes.

Release of Liability

I acknowledge that I am voluntarily participating in the corporate training. I release and discharge the organization and its representatives from any and all liability, claims, or demands resulting from my participation, including the use of media as described above.

Participant Signature

Date