

Live Event Broadcast Permission Slip

I hereby grant permission for the live broadcast, recording, and online distribution of the following participant during the live event detailed below.

Participant Name

Event Name

Event Date

Location

Parent/Guardian Name (if participant is under 18)

Relationship to Participant

Additional Notes or Restrictions

I acknowledge and understand that the live broadcast and recording may be distributed via online platforms and may be accessed by the public.

Signature

Date
