

# Virtual Event Recording Consent Form

Please read the following consent statement regarding the recording of this virtual event. By providing your consent, you acknowledge and agree to the recording and its potential use as described below.

Full Name

Email Address

## Consent Statement

I understand that this virtual event will be recorded, including audio, video, and any materials shared during the session. I grant permission for the organizers to store, use, and share this recording for purposes including but not limited to internal review, public sharing, and promotional materials. I acknowledge that my participation may be visible and audible in the recording.

☐ I have read and understood the above statement and provide my consent to be recorded.

Signature

Date