

Workshop Attendee Media Permission Form

Attendee Information

Full Name

Email Address

Workshop/Event Name

Date

Media Consent

I hereby give permission to the organizers to photograph, videotape, or otherwise record my image and voice during the above-mentioned workshop for use in promotional and educational materials, in print and digital formats.

I agree to the above media release I do not agree to the above media release

Additional Comments or Restrictions

Signature

Date