

# 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.

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I agree to the above media release

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I do not agree to the above media release

Additional Comments or Restrictions

Signature

Date