

Virtual Webinar Guest Consent Form

Full Name

Email Address

Date

Consent

I acknowledge and consent to the recording, use, and distribution of this virtual webinar, including any audio, video, or materials where I may be identifiable, for the event host's purposes.

I understand that my participation is voluntary and that I may withdraw consent at any time prior to the event.

☐ I have read and agree to the terms above.

Signature