

Audio/Visual Recording Consent Document

This consent form is to inform you that audio and/or visual recordings may be made of you as part of the project or activity named below. Please review the information and indicate your agreement to participate.

Project/Activity Information

Project/Activity Title:

Organizer/Institution:

Date of Recording:

Location:

Consent Agreement

I understand that audio and/or visual recordings may be taken of me during the above-named project/activity. I consent to the use of these recordings for purposes such as documentation, publication, educational use, or promotional content by the organizer/institution.

- ☐ I give my consent to be audio and/or visually recorded.
- ☐ I consent to the use and publication of these recordings as described above.

_____ Signature

_____ Date

_____ Printed Name

Important Notes

- Participation is voluntary; you may decline or withdraw your consent at any time.
- The purpose and use of recordings should be clearly explained to all participants.
- Ensure that consent is obtained in writing before making any recordings.
- Consider the privacy and confidentiality of individuals being recorded.
- This form may need to be adapted to comply with institutional or legal requirements.