



## Consent and Release Form

Sessions of the \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_  
(name of event) (event start date) (event end date)

will be recorded.

These recordings may capture one or more of the following elements: PowerPoint presentation slides, audio of presenters and participants, video of presenters and participants, and/or still photographs of presenters and participants.

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  - I would like to request the following specific exclusions: *(For example: If certain slides include figures or images which should not be broadly disseminated, please specify below, and they will be removed or hidden during post production.)*

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Email: [stacey@ursta.org](mailto:stacey@ursta.org)