CONSENT TO BE RECORDED AS WORKSHOP PARTICIPANT

Participant Name: _____ Participant DOB:_____

Activity Name: _____ Date of Activity: _____

As a participant in the Activity named above, I acknowledge that I have been part of an audio and/or video recording. I understand that the recording may be used in future activities, including future use of the recording for on-demand programming.

I authorize LWA Academy to use the recording for such purposes. I understand that I am not required to give this authorization.

This permission is given by me is subject to the following restrictions and/or limitations (if any):

_____

_____

I acknowledge that I have voluntarily given this authorization for the purpose of contributing to the advancement of health care improvement, research, or other purposes as may be determined to be appropriate, without expectation of payment or other compensation, either now or in the future. As such, I, my family, heirs and assigns, hold LWA Academy harmless from and against any claim for compensation or harm resulting from the activities authorized by this agreement.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

☐**I hereby authorize use of my likeness in audio and/or video recordings.**

☐**I do NOT authorize use of my likeness in audio and/or video recordings.**

_____ _____

Client Signature Date

_____ _____

LWA Academy Representative Signature Date

Printed Name of LWA Academy Representative: _____