

## Speaker Permission for Recording, Archiving and Distribution

Speaker's name:			
Speaker's employer/inst	itution:		
Speaker's email address	:		
Title of Event:			
THE OF EVENTE.			
Date of Event:			
Virginia Commonwealth	firm that the undersigned (hereinafte University. The event organizers have ional and outreach materials, includin	e requested that my presentat	
me and to transcribe a	Commonwealth University the right and edit for accuracy my presentation see of my name and title/affiliation in a	referenced above (hereinafter	"Recorded Materials").
delayed/on demand), a any media or format no	nia Commonwealth University the right and distribute the recorded presentat ow known or developed in the future the world in perpetuity.	ion referenced above in all forr	ms and media including in
	nt to inspect or approve the Recordeding from or related to Virginia Common		
	nt that statements I make or materials stribution as authorized above.	s I share during the audio/video	o recording(s) are suitable
_	th University will own the copyright inghts I may have in my lecture, presen		
•	old harmless Virginia Commonwealth or liability arising from or related to Vi	,	,
Signature:			Date:

