# Media Consent Form

I give my consent to **Business Name** to share my contact details with fellow students for training purposes.  **Yes**  **No**

I give my consent to have this training event recorded through audio and video and for all photos and testimonials to be used by **Business Name** for marketing and training purposes. **Yes  No**

I understand that due to the protection of intellectual property under no circumstances may any portion of a training conducted by **Business Name** be recorded by a participant. **Yes  No**

**Acknowledgement**

I understand that this training may raise emotional issues as part of the training and certification. It is not intended to provide a therapeutic environment or be a substitute for ongoing counselling or psychotherapy, and that any unresolved issues which may surface and which may warrant counselling will be at my expense.

I understand that there may be sexually explicit content and strong language used throughout the training. I understand that some discussions may be confronting and that I will participate only to the extent I feel comfortable. If I find a discussion too confronting I will notify a facilitator and leave the room if necessary.

I agree to conduct myself an appropriate manner given my role throughout this training – not asking for coaching on issues from other participants, and taking care of my own emotional and psychological needs. If I decide I need coaching I will speak with one of the facilitators or my own private coach outside of this training.

I understand that this training may be recorded for training and marketing purposes. I agree that any recorded and written material included as part of this training are protected by trademark and copyright laws and may not be used without obtaining prior written permission of the appropriate parties.

I agree to use my skills learnt at this training in an ethical and ecological manner at all times and to conduct myself in an ethical manner during this training.

I acknowledge that I have carefully read and understood and do agree with this agreement

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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