



Saskatchewan Video Conference Network

Permission to Record

Release Form

I authorize the recording of the video conference presentation, listed below, for use by the Saskatchewan Video Conference Network (SVCN).

I will allow this video conference recording to remain on the SVCN website for a period of no longer than one year.

I understand that this video recording will be accessed by and distributed to SVCN clients in Saskatchewan.

I also acknowledge that any material that is not my original work has permission for its use with the copyright owners.

VC Session Title _____

Presentation Date _____

Presenter's Name/Business _____

Presenter's Address _____

Presenter's Email/Phone _____

Presenter's Signature _____ Date _____

Witness Signature _____ Date _____