Photo & Video Release Form

Fourth World Congress of Existential Therapy

Event Dates: June 1st - June 7th

Participant Information

Full Name: _____

Email Address: _____

Consent & Release

I hereby grant permission to the organizers of the Fourth World Congress of Existential Therapy, its representatives, and affiliated entities to photograph, film, and/or record me during the event.

I understand and agree that these images, videos, and recordings may be used for purposes including, but not limited to:

- Promotional materials (print and digital)

- Social media and websites

- Educational and informational content

- Future event marketing

I grant the right to use, reproduce, edit, and distribute these materials without restriction and without compensation to me.

Waiver of Rights

I waive any right to inspect or approve the final use of the images or recordings. I release and discharge the event organizers from any claims arising out of the use of these materials, including any claims for libel, invasion of privacy, or violation of publicity rights.

Opt-Out Option (Optional)

☐ I do not consent to being photographed or recorded.

Signature

Participant Signature: _____

Printed Name: _____

Date: _____