

Event Recording Release Form

Event Name:

Date(s):

Organizer Name (printed):

Speaker Name (printed):

- I authorize Associated Mennonite Biblical Seminary to record the above-named event and to make said recording available to members of the AMBS community (employees, students, and their immediate families).
- I authorize Associated Mennonite Biblical Seminary to disseminate a recording of this event to a broader audience by podcast, CD, or other means.

Signed: _____