



UNIVERSITY OF CENTRAL FLORIDA REGIONAL CAMPUSES

Speaker/Presenter Broadcast Consent Form

EVENT:

TITLE OF PRESENTATION:

DATE/LOCATION:

For and in consideration of the benefits to be derived from participating in the University of Central Florida ("UCF") Event identified above, I, the undersigned Speaker/Presenter consent to the following terms and conditions of this Agreement

I hereby grant permission for UCF, including any agents, officers, employees, or servants of UCF to conduct a live broadcast of my keynote presentation on the date and time specified above. I do not authorize any recording, video capture, or permanent retention through whatever process, of this presentation.

PRESENTER NAME (PRINT)

DATE

PRESENTER SIGNATURE

Approved as to Form and Legal:

M. L. Lewis 9/23/14