DP CONSULTANCY – CONSENT & RELEASE FORM

Participant Details

Full Name: _____

Contact Number: _____

Email Address: _____

Date: _____

Statement of Consent

I, _____, hereby consent to the use of my recorded video submission by **DP Consultancy** for educational, informational, and marketing purposes. I understand that my video may be edited for length or clarity, but it will not be misrepresented. I grant DP Consultancy permission to distribute or display the video (in part or in full) on digital platforms, including social media and the company website.

Privacy Clause

My personal information will remain confidential and will not be shared with any third party beyond what is necessary for this project.

Non-Compensation Clause

I acknowledge that my participation is voluntary and that no financial compensation will be provided.

Display Preferences (optional)

☐ I consent to my **first name** being displayed on-screen if used.

☐ I consent to being **tagged on social media**.

☐ I prefer my **name not be shown**.

Signature: _____

Date: _____