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The recording will be disclosed to:

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by/through:

Classroom  Intranet  Website  Other (please state)

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* I understand and acknowledge that
* as a PHSA employee, the recording I produce during this presentation belongs to PHSA;
* only PHSA has the right to distribute the recorded performance of the presentation; and
* I waive any moral rights in respect of my presentation to have my name associated with the presentation and to make any changes to it.

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I consent to having my presentation recorded and agree to advise participants that the session is being recorded prior to the start of the session.

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| Admin use ONLY | |
| Title of Presentation: | Date of Presentation: |
| Name of Requester: | Email address: |
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