



Permission to Video Record

I, _____, hereby grant my permission for _____, a student in the Department of Counseling and Student Affairs at Western Kentucky University, to record the session.

I understand the following:

- My participation is voluntary
- My identity will not be revealed
- The recording will be used for training purposes only
- The professor(s) and/or other trainee(s) who hear (or see) this are bound by ethical code not to discuss its contents outside of the training setting
- The student who conducts this session is bound by ethical code not to discuss contents of this recording outside of the training/educational setting.

I release and discharge the Western Kentucky University and the student conducting the session from any liability arising from the recording of the session.

Client's Signature

Date

Client's Signature

Date

Student Counselor's Signature

Date