

ZOOM ACCESS/RECORDING PERMISSION FORM

SIGNATURE ON THIS PERMISSION SLIP INDICATES YOUR CONSENT TO HAVE YOUR BEECON PRESENTATION RECORDED.



Recordings will be held on York University's Zoom Cloud account.

I understand that my BeeCon presentation will be recorded:

Yes

No

On behalf of my co-authors and/or data owners, I give permission for the recording to be shared via:

Email upon explicit request by a BEEc associate

YouTube, on the channel hosted by York University's Centre of Bee Ecology, Evolution and Conservation

I do not give permission for my recording to be shared

Name: _____

Affiliation: _____

Signature: _____

Date: _____ (MM / DD / YYYY)