



## **CONSENT TO VIDEO RECORDING**

### *American Heart Association Instructor Monitoring*

This instructor monitoring involves the video recording of your instructor and class. Neither your name nor any other identifying information will be associated with the video recording. Only the AED Institute - Training Coordinator will be able to view the recording.

By signing this form, I am allowing the instructor to record me during the class.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_