

AUDIO RECORDING CONSENT FORM

Location: _____ Date: _____

Participant Information:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Consent Terms:

I hereby give my voluntary consent to be recorded, including audio recordings, by [Organization Name] for the purposes of documentation, research, and educational materials.

I understand that the recordings may be used in various formats, including but not limited to reports, presentations, websites, social media, and other publications.

I acknowledge that my participation is voluntary and that I may withdraw my consent at any time by notifying [Organization Name] in writing, but that any recordings made prior to withdrawal may continue to be used in accordance with this consent.

I waive any right to inspect or approve the finished recordings or any printed or electronic matter that may be used in conjunction with them now or in the future.

I release and hold harmless [Organization Name], its employees, agents, and assigns from any claims or liability arising out of the use of the recordings, including but not limited to claims for defamation or invasion of privacy.

I confirm that I am at least 18 years of age or have obtained consent from my legal guardian if under 18 years of age.

I understand and agree that recordings may be edited or altered for clarity, length, or content, and that my name and identity may be disclosed in connection with the recordings.

This consent is governed by the laws of the United States of America and any applicable state laws. Any disputes arising out of or related to this consent shall be resolved in the appropriate courts within the jurisdiction of [State], without regard to conflict-of-law principles.

By signing below, I acknowledge that I have read, understood, and agree to the terms stated above regarding my audio recording consent.

PARTICIPANT'S SIGNATURE

WITNESS SIGNATURE

Signature: _____

Signature: _____

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