AUDIO RECORDING CONSENT FORM

Location: _____ Reference No.: _____

Participant Information:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Consent to Audio Recording:

I, the undersigned, hereby consent to the audio recording of my voice, statements, and conversations by the recording entity or its representatives. I understand that the audio recordings may be used for research, educational, commercial, or other lawful purposes as determined by the recording entity. I acknowledge that I have been informed of the purpose of the recordings and that my participation is voluntary.

Rights and Usage:

I understand and agree that the audio recordings, and any information derived from them, will remain the property of the recording entity. I waive any right to inspect or approve the finished recordings, their use, or any written or electronic copy that may be created from them. I release the recording entity from any claims, demands, or liabilities arising out of or in connection with the use of the recordings.

Confidentiality and Privacy:

The recording entity agrees to use reasonable measures to protect the confidentiality and privacy of the participant, except as required by law or as otherwise agreed in writing. Recordings may be stored securely and accessed only by authorized personnel.

Revocation of Consent:

I understand that I may withdraw my consent at any time by providing written notice to the recording entity. Withdrawal of consent will not affect the lawfulness of recordings made prior to the receipt of such notice. Upon withdrawal, the recording entity will cease recording and will make reasonable efforts to delete any recordings made after the notice.

Legal Compliance:

This consent form is governed by and construed in accordance with the laws of the United States and applicable state laws. Any disputes arising out of or in connection with this consent shall be subject to the exclusive jurisdiction of the courts located within the appropriate state or federal venue.

Participant Acknowledgement:

By signing below, I acknowledge that I have read and understood this Audio Recording Consent Form, that I have had the opportunity to ask questions, and that I voluntarily agree to the terms herein.

PARTICIPANT'S SIGNATURE	**WITNESS / REPRESENTATIVE SIGNATURE**
Signature: _____	Signature: _____