**AUDIO CONSENT FORM**

1. **THE PARTIES**. This Audio Consent Form (“Form”) is made on [DATE] between:

Consenter: [CONSENTER'S NAME], with a mailing address of [MAILING ADDRESS] (“Consenter”), and

Consent Recipient: [RECIPIENT'S NAME], with a mailing address of [MAILING ADDRESS] (“Recipient”).

1. **AUTHORIZATION**. The Consenter hereby grants the Recipient permission to make audio recordings (“Recordings”) of the Consenter and use and reuse the Recordings, in whole or in part, in any manner, in any medium now known or hereinafter invented, for any lawful purpose including but not limited to publishing, marketing, advertising, and promotions. The Consenter also grants the Recipient permission to use and disclose his/her name in connection with any use of the Recordings.
2. **FINISHED PRODUCT**. The Consenter agrees that the Recordings and any reproductions thereof shall remain the property of the Recipient. The Consenter also agrees that he/she will not be compensated or paid for any use of the Recordings. In addition, the Consenter waives any right to inspect or approve the finished product or the use to which it may be applied.
3. **BINDING EFFECT**. The Consenter understands that consent cannot be withdrawn once it is given, and that this Form is binding on the Consenter and his/her heirs, legal representatives, and assigns.
4. **RELEASE**. The Consenter agrees to waive, release, and discharge the Recipient, its officers, employees, and agents from any and all claims arising out of or in connection with the making or use of the Recordings, including any and all claims for libel, defamation, or invasion of privacy or publicity.

By signing below, the Consenter acknowledges that he/she has read this Form, understands its contents, and voluntarily accepts its terms and conditions.

**Consenter Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [DATE]

Print Name: [CONSENTER'S PRINTED NAME]

Minor Consent - I am the parent or legal guardian of the Consenter and I hereby sign this Form on his/her behalf in accordance with the statements above.

**Parent/Guardian Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [DATE]

Print Name: [PARENT OR GUARDIAN'S PRINTED NAME]