

Dixon Pentecostal Research Center

AUDIO RECORDING CONSENT FORM

PARTICIPANT INFORMATION

I, _____ (Participant), residing at _____ (address),
_____ (city, state, zip), hereby grant Dixon Pentecostal Research Center the
right to record and utilize my voice or any audio featuring me in the following audio recording:

AUDIO TITLE: "I Remember..."

DATE OF RECORDING:

TERMS AND CONDITIONS

I hereby grant Dixon Pentecostal Research Center unrestricted permission to record, edit, preserve, and distribute the specified audio recording featuring my voice for lawful purposes. This consent is universal and remains in effect indefinitely unless revoked in writing.

I waive any right to inspect or approve products featuring my voice and acknowledge that I agree to these terms without compensation. I also forgo any right to royalties or other forms of compensation related to the use of the specified audio recording.

I agree that all materials produced will be the exclusive property of Dixon Pentecostal Research Center and will not be returned to me. I release Dixon Pentecostal Research Center from any claims, liabilities, or demands and will hold them harmless from any actions brought by me, my heirs, or any third parties.

SIGNATURE

By signing below, the Participant acknowledges that they have read and agreed to the terms of this Audio Recording Consent Form.

PARTICIPANT SIGNATURE:

DATE:

260 11th Street NE • Cleveland TN 37311 • 423.614.8576 • Dixon_Research@LeeUniversity.edu