

GENERAL CONSENT AND AUTHORIZATION FORM

1. Participant/Grantor Information

Field	Details
Full Name of Participant	
Date of Birth	
Phone/Email	
Date of Submission	

2. Recipient/Grantee Information

- **Organization/Entity Granting Consent To:** [Organization Name] (Hereinafter, the "Recipient")
- **Contact Person/Department:** [Name or Department]

3. DESCRIPTION OF THE ACTIVITY / ACTION

I, the undersigned Participant, hereby give my voluntary and informed consent for the Recipient to proceed with the following specific activity, action, or disclosure:

[DETAILED DESCRIPTION OF WHAT IS BEING CONSENTED TO. BE SPECIFIC.]

- *Example 1 (Activity):* Participation in the "Volunteer Training Program" involving physical labor and travel to multiple sites.
- *Example 2 (Disclosure):* Release of my academic records to prospective employers for a period of [Duration].
- *Example 3 (Photography):* Use of my photograph, video recordings, and testimonials for promotional materials.

4. ACKNOWLEDGEMENT AND UNDERSTANDING

I affirm that:

- I have been fully informed about the nature and purpose of the Activity/Action described in Section 3.
- I have been given the opportunity to ask questions and have received satisfactory answers to all my questions.
- I understand the potential risks and benefits associated with this Activity/Action.
- I understand that my participation is **VOLUNTARY**.

5. SCOPE, DURATION, AND REVOCATION

- **Duration:** This consent shall be valid from the date of my signature until [End Date, e.g., December 31, 20XX] OR [Condition, e.g., The completion of the study].
- **Revocation Right:** I understand that I may **revoke (withdraw) this consent at any time** by providing written notice to the Recipient at [Recipient Contact Email or Address]. Revocation will not affect any actions taken before the written notice was received.

6. SIGNATURE

I hereby confirm that I am 18 years of age or older and knowingly and voluntarily authorize the Activity/Action described above.

Participant Signature: _____

Printed Name: _____

Date: _____

7. PARENT/GUARDIAN CONSENT (If Participant is under 18)

I, the undersigned parent or legal guardian, hereby grant consent for my minor child named above to participate in the described Activity/Action. I have read and understand the terms of this form.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____