

MICHIGAN STATE UNIVERSITY  
PHOTO/VIDEO/AUDIO RELEASE FORM

I authorize Michigan State University to record my image and voice (or that of my minor child named below) and give Michigan State University and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice.

I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Name of subject: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or legal guardian must sign if subject is under 18 years old.)

Address: \_\_\_\_\_

County of residence: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_