

College of Education  
Michigan State University

PHOTO/AUDIO/VIDEO RELEASE

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 the recorded images. I understand that said images will be used for educational, advertising, and promotional purposes in all conventional and electronic media, 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/further compensation or liability, in perpetuity.

Name of Subject: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

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

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

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