

MICHIGAN STATE UNIVERSITY

Department of Physiology

MEDIA RELEASE CONSENT FORM FOR A MINOR CHILD

I authorize Michigan State University (MSU) to record the image and/or voice of my minor child named below and grant MSU, along with all persons or entities acting with its permission or authority, the full rights to use, reproduce, and distribute these recordings.

I understand that these images and/or voice recordings may be used for educational, advertising, and promotional purposes in all forms of conventional and electronic media, including, but not limited to, the internet and any future media platforms.

I understand that the recordings may be used without compensation, may be modified, and may be shared or published without notice, in perpetuity.

I AGREE

I **DO NOT** AGREE

Purpose of Media Recording and/or Name of Event

Date of Media Recording

First & Last Name of Minor Child (print)

First & Last Name of Parent/Guardian (print)

Phone Number of Parent/Guardian

E-Mail Address of Parent/Guardian

Signature of Parent/Guardian

Date