



Department of Physiology
MICHIGAN STATE UNIVERSITY

PURPOSE/EVENT: _____

MEDIA RELEASE

I authorize Michigan State University to record my image and/or voice (or that of my minor child named below) and give MSU 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 recordings 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/further compensation or liability, in perpetuity.

I AGREE

I **DO NOT** AGREE

First and Last Name of Person or Minor: _____
(Please print)

Date: _____

Signature: _____
(Parent or Guardian if subject is a minor and under 18-years-old)

Contact Information:

(Parent or Guardian if subject is a minor and under 18-years-old)

Email Address: _____

Phone Number: _____