



PHOTO/AUDIO/VIDEO RELEASE

I authorize Michigan State University to record the image and voice 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 these 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 Child: _____ Date: _____
(Please Print)

Parent or Guardian's Signature: _____

Name: _____ Phone: _____

Address: _____
