



The Michigan Humanities Council  
119 Pere Marquette, Ste 3B  
Lansing, MI 48912  
517-372-7770

USE OF IMAGE AND RECORDING  
PERMISSION FORM  
For students under the age of 18

On behalf of my minor child, \_\_\_\_\_, I hereby grant the Michigan Humanities Council ("MHC") and its project partners, Michigan Council for Arts and Cultural Affairs, National Endowment for the Arts, Poetry Foundation, and Michigan Youth Arts permission for the use of material from the MHC's sound or video recording or photographs of my child and use of my child's name, image or likeness ("Materials") in connection with the 2017-18 Poetry Out Loud program.

I agree the MHC may use, or authorize its assignees or partners including corporate project sponsors to use, all or portions of the Materials to raise awareness about MHC programs or to educate Americans about an art form or a particular artist in any of the following ways:

1. Print media. The MHC may use portions of the Materials, such as a transcript and photograph, in print materials.
2. Audio CDs. The MHC may include the Materials in an audio CD that is created by the MHC or an MHC contractor.
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6. Video/DVD. The MHC may utilize the Materials in on DVD to be distributed for free as a public service announcement or educational video.
7. Successor technologies. The MHC may utilize the Materials in subsequently developed technologies.

I recognize that any photographs, audio recordings or video recordings may be distributed or broadcast within North America and to American military bases internationally. I release the MHC, its assignees and designees, and the Michigan Council for Arts and Cultural Affairs, National Endowment for the Arts, Poetry Foundation, and Michigan Youth Arts from any and all claims and demands arising out of or in connection with the use of the Materials. I certify that I am the parent or legal guardian of the child and have the right to agree to the above.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone