



Michigan Humanities  
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## USE OF IMAGE AND RECORDING PERMISSION FORM

For students under the age of 18

On behalf of my minor child, \_\_\_\_\_, I hereby grant Michigan Humanities (“MH”) and its project partners -- Michigan Council for Arts and Cultural Affairs, National Endowment for the Arts, and Poetry Foundation -- permission for the use of material from MH'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 2020-21 Poetry Out Loud virtual program.

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

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2. **Audio CDs.** MH may include the Materials in an audio CD that is created by MH or an MH contractor.
3. **The Internet.** MH may utilize the Materials in video, audio, or text format on its website, in MH podcasts, and on partner or sponsor websites.
4. **Radio.** MH may use the Materials on commercial radio stations, public radio stations, Internet radio stations, and satellite radio channels.
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6. **Video/DVD.** MH may utilize the Materials in on DVD to be distributed for free as a public service announcement or educational video.
7. **Successor technologies.** MH 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 MH, its assignees and designees, and the Michigan Council for Arts and Cultural Affairs, National Endowment for the Arts, and Poetry Foundation 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 of 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