Media Release Form

SOUTHEAST REGIONAL CENTER
MICHIGAN AREA HEALTH EDUCATION CENTER

The Southeast Regional Center of the Michigan Area Health Education Center (MI-AHEC) needs participant/student and parent permission to use a person's photograph, voice, and/or name in media projects. Please review the information below, provide the information requested, and date and sign where indicated.

I hereby grant the Southeast Regional Center of the Michigan Area Health Education Center or its designee permission to photograph, videotape, and/or interview me and/or my minor child and to reproduce my name or that of my child. I understand that any photographs, movies, video recordings, audio recordings, presentations, interviews, and other media content will become the property of MI-AHEC and that MI-AHEC may use this media content for public view. I also hereby consent and grant MI-AHEC the right to edit, copyright, exhibit, publish, and use these images and recordings products for non-profit purposes, including use in articles and other print materials, on the Internet, and in all other forms of media. I understand that media content may be used by MI-AHEC for educational, instructional, or promotional purposes in broadcast and electronic formats that currently exist or that may be created in the future.

I understand that I and/or my child will not receive any compensation, and I waive any further reimbursement regardless of the number of times the appearance, image, or voice is used or rebroadcast. I hereby release MI-AHEC and its employees, agents, or designees from all claims, demands, and liabilities whatsoever in connection with or arising from the use of said media content (e.g., photos, videos, audio clips, etc.).

Please check one of the options below.

- ☐ Yes, I give my consent.
- ☐ No, I do not give my consent.

Event/Program: **Biomedical Career Advancement Program**

Name of Participant/Student _____
(please print)

Signature of Participant/Student _____ Date _____

(The signature of a parent/legal guardian is required only if participant/student is under 18 years of age.)

Name of Parent/Guardian _____
(please print)

Signature of Parent/Guardian _____ Date _____