

**PERMISSION AND RELEASE**

Name of Project: \_\_\_\_\_ at  
(location) \_\_\_\_\_ (“Premises”)  
on (dates) \_\_\_\_\_ (“Time Period”)

The Project, produced collaboratively by Michigan State University (“MSU”) faculty, encompasses (in whole, or in part) images, video recordings, and/or animated video files with audio recordings and/or voiceover recordings to depict storylines, vignettes, documentaries, and/or educational messages. The Project includes contributions from third parties such as, but not limited to, images, video, animations, voice recordings, audio files, and/or permission to use locations (“Contributions”). The Project further includes the development and deployment of the messages throughout the world. The Project is produced using equipment, services, locations, and funds provided by MSU or donors to MSU.

By checking and initially near the box(es) below, I hereby grant permission, release, and transfer rights described in the paragraph associated with the box(es):

**ASSIGNMENT OF RIGHTS TO MY CONTRIBUTIONS**

\_\_\_\_ (initial) I hereby irrevocably transfer and assign to MSU all of my rights, title, and interest in, including all copyrights thereto, and to the animations, or portions thereof, my Contributions to the Project. As copyright owner, MSU may copy, distribute, make derivative works of, perform, publicly display, license, sell, translate into other languages, and otherwise use my Contributions to the Project. I consent and grant permission for MSU to use my name only in connection with the Contributions I provide under the Project.

**RELEASE OF IMAGE, LIKENESS, AND/OR VOICE**

\_\_\_\_ (initial) I irrevocably consent to the use by MSU of my name, image, likeness, and/or voice in all conventional and electronic media and future media, containing or derived from the audio, video, and/or animation files created under the Project. This consent applies to MSU use of my image, likeness, and/or voice at any time, worldwide, and in perpetuity.

**LOCATION PERMISSION**

\_\_\_\_ (initial) I grant MSU permission to use the Premises for Time Period for the purposes of photographing and filming scenes for the Project. MSU may bring onto the Premises the equipment and personnel reasonably necessary for the Project. I irrevocably grant MSU the right to use images and footage of the taken of the Premises, including any derivative images or footage, in its sole discretion.

I agree that MSU may exercise these rights and permissions itself or through any trustees, officers, employees, agents, licensees, distributors or other parties and for any purpose whether commercial or nonprofit. I release MSU and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with MSU’s use of my Contributions to the Project and its derivative works. I understand that the audio and video recordings as well as the animated files are, and shall remain, the property of MSU and that MSU has the right to duplicate and/or distribute such materials with or without charge to others.

I represent and warrant that: (1) I have the full right and authority to grant these rights and permissions; (2) my Contributions to the Project were either my own original work or the work of third parties for which I have the proper permissions for use for all purposes relevant to the Project; and (3) all permissions to use third party contributions shall be in writing and delivered to MSU with this Permission and Release.

This Permission and Release shall be governed by and interpreted in accordance with the laws of the State of Michigan and of the United States. Any action, proceeding or adjudication arising hereunder shall be heard in the courts of Ingham County, Michigan. Each of the parties hereby submits itself to the exclusive jurisdiction and venue of such courts.

No modification of this Permission will be effective unless in writing signed by both parties. This Permission and Release is not assignable by either party.

I acknowledge receipt of good and valuable consideration in exchange for this Permission and Release. I have read and fully understand the terms of this Permission and Release. I certify that I am at least 18 years of age.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, and ZIP code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_

If Contributions are from a person under the age of 18 years:

Printed Name of parent/legal guardian \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_

**Please contact Dr. Barry Robert Pittendrigh at +1-(517)-432-6109 with any questions or concerns related to this form.**