



MARSHALL M. FREDERICKS SCULPTURE MUSEUM

AUDIO/VIDEO RELEASE FORM

- I, _____, herein authorize The Marshall M. Fredericks Sculpture Museum (MFSM) to use, edit, copy, exhibit, distribute and use any audio/video(s) of me for any lawful purpose.
- The authorization I provide herein extends to all languages, formats, and media that have been discovered now or will later be discovered.
- I consent that the materials will be the sole property of the MFSM and shall not be returned to me.
- I release MFSM and Saginaw Valley State University from any liability, petitions, and causes of actions caused by me or by my heirs, executives or any other party and will hold him/her harmless.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

PARENT'S SIGNATURE: _____ DATE: _____