Montana State University

Gerontology Certificate Program / Department of Health and Human Development

“Healthy Aging” Photo Contest

MODEL RELEASE

I hereby give permission to __________________________________, to use my name and record my photographic

Photographer Name

likeness as a submission for the MSU Gerontology Certificate Program “Healthy Aging” Photo Contest.

I understand that upon submission by the photographer, the Gerontology Certificate Program may make unlimited use of the photograph, including but not limited to research, publications or distribution by means of a print publication, the Internet, videotape, DVD, broadcast, podcast, cablecast, film or any similar electronic or mechanical method. Additionally I give my permission for this photo and description to be used within the context of data collection for a photo voice study.

I understand that I do not own any intellectual property rights related to the photograph(s) and I waive any right to inspect or approve the final use(s) of the photograph(s).

INFORMED CONSENT:

You are being asked to participate in a research study exploring college student’s perception of “Healthy Aging.” The researcher’s will review your photo submissions in connection with your photo description. An analysis will be conducted to determine if there are common themes in the submission collected from the photo contest. This contest and research is completely voluntary and you may opt out by not submitting photo’s or sharing your experiences of aging. Additionally, there are no anticipated risks, harm, or inconveniences for the photo models and student participants. All questions about the research can be directed to the researchers, Attn: Daniel Koltz, Photo Contest Director, Montana State University, 205 Herrick Hall, Bozeman, MT 59717 or contact the MSU Department of Health and Human Development.

I have read this release and fully understand its contents, and I (The Model):

___ am 18 years old or older and have the right to sign this agreement

Print Name of Model: _____________________________________________________

Telephone of Model: _____________________________________________________

Signature of Model: _________________________________ Date: ________________
Name of the Photograph___________________________________________________

Name of the Photographer/Student ID #_______________________________________

Photographer MSU email: __________________________________________________

I, the Photographer understand the rules and the conditions for submitting my photo and
a written "experience of aging" for the contest and the research analysis of the content
provided:

Photographer Signature: ___________________________ date_________

Submit your Photo and this form to: experienceofaging@gmail.com by March 31st 2018.