Montana State University

Gerontology Certificate Program / Department of Health and Human Development

"Experiences Of Aging" Photo Contest

MODEL RELEASE

I hereby give permission to ___________________________ to use my name and record my photographic

Photographer

likeness as a submission for the MSU Gerontology Certificate Program "Experiences of 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 "experiences of 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 volunteer 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: ____________

APPROVED
MSU IRB
07/29/2016
Date approved
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 ________