

MICHIGAN TRADITIONAL ARTS PROGRAM

Consent Form

Through photographic and audio-recordings, the Michigan Traditional Arts Program documents cultural history, especially that of Michigan and the Great Lakes region.

Your participation in this research is strictly voluntary. You may choose not to participate at all or to terminate your participation at any time without penalty.

The amount of time this recording will take will vary depending on how much time you have and the amount of information you wish to share.

By signing the form below, you give your permission to include any tapes and/or photographs made by Michigan Traditional Arts Program representatives in the Michigan folklife research collection where they will be available to researchers and the public for scholarly and educational purposes. Examples of possible uses and benefits include publications, electronic media, exhibits, festivals, educational packets for schools and community groups, educational media programs and publicity for Michigan Traditional Arts Program projects.

By giving your permission you do not give up any copyright or performance rights that you may hold. You can also specify any special conditions regarding use of your materials.

If you have any general questions about this research project, contact Marsha MacDowell or Yvonne Lockwood at the MSU Museum (517/355-0368).

If you have questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact—anonously if you wish—Peter Vasilenko, Ph.D., chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax (517) 432-4503, email: ucrihs@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824.

The amount of time my participation will take and what I will do have been explained to me. Any special conditions regarding use of my materials are listed below. Otherwise, I agree to the terms described above.

X _____
Artist/Informant Signature

Tribal Affiliation (as you want it noted)

Artist/Informant Name (Please Print)

Street

(____) _____
Phone

City/State/Zip

E-mail

x _____
Researcher Signature

Researcher Name (Please Print)

Date

- YES NO
- You may use the materials I provided in a Michigan Traditional Arts Program project or publication.
 - You may use my name in association with my materials.
 - You may release my address and/or phone number to the public.

Special conditions:

