

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 questions about this research, contact Marsha MacDowell at the MSU Museum (517/355-2370) or Ashir Kumar of the University Committee for Research Involving Human Subjects (UCRIHS) at (517/355-2180).

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.

Artist/Informant Signature

Tribal Affiliation (as you want it noted)

Artist/Informant Name (Please Print)

Street

City/State/Zip

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Phone

E-Mail

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 unless I am notified.

You may use my name in association with my materials.

You may release my address and/or phone number to the public.

