

Voices for Vaccination Artist Registration Form

Please complete this registration form and submit with your artwork at a drop-off location near you.

_____ FIRST NAME		_____ LAST NAME		_____ AGE (IN YEARS)	
_____ STREET ADDRESS		_____ CITY		_____ STATE	_____ ZIP CODE
_____ COUNTY		_____ PHONE NUMBER		_____ EMAIL ADDRESS	

Photo & Artwork Display Release

This Photo & Artwork Display Release is given on the date set forth below to the Munson Healthcare ("MHC").

For purposes of this Agreement, the term "MHC" shall refer to and mean MHC, any employee, representative or agent of MHC, and any entity associated with, or controlled by, MHC.

I, on behalf of myself and/or the minor child listed below, if applicable, hereby grant permission to MHC the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of photographs, videos or other reproductions (*i.e. billboards, bus wrapping, social media posting, etc.*) containing my/my child's artwork ("Art") which I have submitted for the Voices for Vaccination public health campaign ("Campaign"). I understand these images and the Art may be used for promotional, news, research, and educational purposes.

For myself, and all of my heirs, personal representatives, successors and assigns, or any other persons claiming by or through me and those of my minor child, if applicable, I waive, release and relinquish any and all claims against MHC which are associated with, or arise out of or in any manner are related to:

- Anything contained in the photographs or videos of the Art; and
- Any loss or damage that may arise to the Art by virtue of being displayed, stored, transported for otherwise utilized in the Campaign, including with respect to displays in public places.

I also hereby give MHC permission to utilize any quotes or writings I or my child give to MHC with respect to the Art for the purposes of the Campaign.

I understand and acknowledge that MHC may refuse to accept or display the Art for any reason or no reason.

A photocopy of this document shall be deemed to be an original. Before I signed this document, I was given the opportunity to read it. I have signed this document freely and voluntarily on the date set forth below. I certify that I am at least 18 years of age.

_____ SIGNATURE		_____ DATE (MM/DD/YYYY)	
_____ PRINTED NAME		_____ NAME OF MINOR CHILD (IF SIGNING ON BEHALF OF MINOR CHILD)	
_____ RELATIONSHIP TO MINOR CHILD (E.G. PARENT, GUARDIAN, ETC.)			

Artwork Description

Title of Piece: _____

Medium Used: _____

(Optional) Please tell us a bit about your piece, including what it means to you, what inspired the work, and what you hope people will take away from viewing it.

Artwork Donation

- ☐ I would like to donate my piece to the Voices for Vaccination project for long-term display in a community location
- ☐ I would like my piece returned to me following a short-term display in a community location

Drop-Off Locations: *Please indicate the drop-off location where you left your artwork.*

- ☐ **Adolescent Wellness Center – Lake City Middle School** - 251 E Russell St. | Lake City, MI 49651
- ☐ **Adolescent Wellness Center – Manton High School** - 105 5th St. | Manton, MI 49663
- ☐ **Adolescent Wellness Center – Mesick High School** - 581 South Clark St. | Mesick, MI 49668
- ☐ **Adolescent Wellness Center – Cadillac High School** - 532 Haynes St. | Cadillac, MI 49601
- ☐ **Adolescent Wellness Center – Career Tech Center** - 880 Parsons Rd. | Traverse City, MI 49686
- ☐ **Armory Youth Project** - 555 1st St. | Manistee, MI 49660
- ☐ **Au Sable Artisan Center** - 219 Michigan Ave. | Grayling, MI 49738
- ☐ **Benzie Leelanau Health Dept. WIC office** - 6051 Frankfort Hwy., Ste 100 | Benzonia, MI 49616
- ☐ **Charlevoix Circle of Arts** - 109 Clinton St. | Charlevoix, MI 49720
- ☐ **District Health Department 10** - 625 Courthouse Dr. | Kalkaska, MI 49646
- ☐ **Gaylord Area Council for the Arts** - 125 E. Main St. | Gaylord, MI 49735
- ☐ **Interlochen Arts Academy Education Center** - 4000 J. Maddy Pkwy. | Interlochen, MI 49643
- ☐ **K-Town Youth Health Center** - 112 S Brownson Ave. | Kingsley, MI 49649