

# Photo Release Form



Subject Name \_\_\_\_\_

Date \_\_\_\_\_

I permit the Mississippi State University Extension Service to record (check appropriate box or boxes) \_\_\_\_\_ my, \_\_\_\_\_ my child's, \_\_\_\_\_ my employee's image, voice, or both, and own and use those recordings for educational and publicity purposes. I release the Mississippi State University Extension Service from any claims that might arise from use of these recordings.

\_\_\_\_\_  
Signature of subject (if 18 or over)

\_\_\_\_\_  
\*Signature of parent/guardian (if subject is under 18)

\*If subject is under 18, a parent or guardian must write the child's name as the subject and grant permission by signing on the appropriate line.

\_\_\_\_\_  
\*\*Signature of MSU Extension representative

\*\*A signed physical or electronic form must remain on file permanently.

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May 2025

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