



*Photo Release Form*

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

Date \_\_\_\_\_

I permit Mississippi State University's Office of Agricultural Communications 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 Mississippi State University and the Office of Agricultural Communications from any claims that might arise from use of these recordings.

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

\_\_\_\_\_  
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.*

Mississippi State University Extension Service

Box 9625 • Mississippi State, MS 39762-9625 • Phone (662) 325-2262 • Fax (662) 325-1710

We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.