Photo/Video Media Release Form

I hereby grant Mississippi State University on behalf of its College of permission to use my likeness in any photographs, video or other digital ("Materials") in any and all of its publications and other media for use by I	or print productions MSU. I understand and
agree that the Materials will become the property of MSU and will not be	returned.
In addition, I waive the right to inspect or approve the Materials and to recompensation arising or related to the use of the Materials. I hereby hold and its representatives from all claims, demands, and causes of action w representatives, executors, administrators, or any other persons acting o my estate have or may have by reason of this authorization.	harmless and release MSU hich I, my heirs,
Name (Printed):	
Date:	
Address:	
Signature:	
Email:	
If the person signing is under age 18, there must be consent by a parent or	r guardian, as follows:
I certify that I am the parent or guardian ofabove, and give my consent for the purposes set forth in original release	named on behalf of this person.
(Parent/Guardian's Printed Name)	
(Parent/Guardian's Signature)	(Date)