



**MISSISSIPPI STATE UNIVERSITY™**  
**COLLEGE OF VETERINARY MEDICINE**

**MODEL RELEASE FORM**

**Date** \_\_\_\_\_

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

I permit Mississippi State University's College of Veterinary Medicine and the Office of Agricultural Communications to record – *check appropriate box(es)*

\_ my, \_ my child's, \_ my pet's, \_ my employee's image, voice, or both, and own and use those recordings for educational and publicity purposes. I release Mississippi State University, the College of Veterinary Medicine 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 or pet)**

*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.*