



**Alcorn**  
State University

**Office of AREAS Communications**

**www.alcorn.edu**

*School of Agriculture, Research,  
Extension and Applied Science*

### Media Release Form

I, the undersigned, do hereby consent and agree that Alcorn State University's School of AREAS Office of Media and Communications, its employees, or agents have the right to take photographs, videotape, or digitally record me and to use my likeness or statements in any and all media, now or hereafter known, and exclusively for any purpose that Alcorn State University's School of AREAS Office of Media and Communications sees fit. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Alcorn State University's School of AREAS Office of Media and Communications, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording and photographing me, either for initial or subsequent transmission or playback.

I, also, understand that Alcorn State University's School of AREAS Office of Media and Communications is not responsible for any expense or liability incurred as a result of my participation in this recording and/or photo shoot, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness for the undersigned: \_\_\_\_\_

Signature: \_\_\_\_\_