

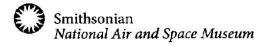
I, MARI'A E-ALVAREZ (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Address: 9017 RANGENST ELPRSO, TX 79904	
Email address: Malva 279 Depcc. edu	
Telephone: (915) 203-3540	
Signature: marin & ale	
Date: _ 4/23/20//	

Privacy Notice



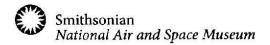
1, Cassandra Avila	(name), understand that I am being photographed in
connection with the Student Spaceflight E	xperiments Program (SSEP) National Conference at the
Smithsonian National Air and Space Muse	eum on Wednesday, 07/06/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above) Flizabeth Avila	Office Use Only Identifying Features:
Address: 1016 Falcon Head Lone	
Email address: avilacassandra@xmail.com	
Telephone: (915) 781 -5052	
Signature:	
Date: 6/23/11	

Privacy Notice



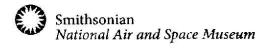
I, Javier A. De gado (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11	ا را	lavier A. Delgado	(name), understand that I am being photographed in
Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11	conn	ection with the Student Spaceflight	Experiments Program (SSEP) National Conference at the
	Smit	hsonian National Air and Space Mu	seum on Wednesday, 07/06/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Address: 6212 PalagoRd	
Email address: cell_nate, shotmailcon	
Telephone: 9158735726	
Signature: Javier A. Delgade	
Date: 6-2と~(

Privacy Notice



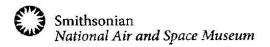
I, MUNCLE HUGGER (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Address: 1512 Playa Verde	
Email address: Sandiegobeach_1236	
Telephone: (915) 545-3690 Yahov .com	
Signature:	
Date: 6/21/11	

Privacy Notice

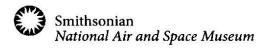


I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Address: XO529 Murphy St	
Email address: dakal+@live.com	
Telephone: (95) 269-7509	
Signature:	
Date: 06/21/11	

Privacy Notice

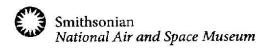


June 21, 2011

PHOTOGRAPHY RELEASE FORM

I,Gertrud Konings-Dudin (name), understand the connection with the Student Spaceflight Experiments Program (SS Smithsonian National Air and Space Museum on Wednesday, 07/4	EP) National Conference at the
I hereby give the Smithsonian Institution, its employees, licensees a permission to photograph me and to use and reproduce my photogstandard museum purposes including, but not limited to the Smiths publicity, website, archives, research, publications and other educa This permission is irrevocable and royalty-free. I waive any right to in connection with the Smithsonian's uses as authorized in this relethis release form, and warrant that either I or my parent/legal guar	graph(s), name and identification for sonian's exhibitions, promotion, itional materials and presentations. inspect or approve the photograph wase. I have read and fully understand idian is over 18 years of age.
# - 1800 Profession (1995 1996 - 1996 1	in mass so signed by a parent of
legal guardian. Print name (if different from above)	Office Use Only Identifying Features:
legal guardian.	Office Use Only
legal guardian. Print name (if different from above)	Office Use Only
Print name (if different from above) Address: 417 Valplano Dr., El Paso, TX 79912	Office Use Only

Privacy Notice



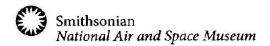
I, Perlo A Lozano (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

\$ 2005	
Print name (if different from above) Adams Angulus Rodarte	Office Use Only Identifying Features:
Address: 541 Olmeca Dr., 79912	
Email address: N- angelico 0193 @ yahaa, cam	
Telephone: (915)-867-26143 +	
Signature: Implicusocarto	
Date:	

Privacy Notice



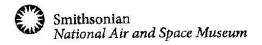
I, <u>Caclos</u> <u>Monseccos</u> (name), understand that I am being photographed in connection with <u>the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.</u>

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above) CodoS Monserrat	Office Use Only Identifying Features:
Address: 12609 Sun haven Dr. 79938	
Email address: <u>CacloS _ MonSomat@hot_mail.com</u>	
Telephone: (915) 921 – 5385 7	
Signature: Codos Aorsemos	
Date:06/22/1	

Privacy Notice



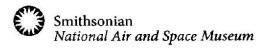
1, Nora Ortega	(name), understand that I am being photographed in
connection with the Student Spaceflight	t Experiments Program (SSEP) National Conference at the
	useum on Wednesday, 07/06/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Address: 660 Donny Murray, El Paso, Tx 7498	
Email address: noranombre or tegal Cynhor.com	
Telephone: 9/5- 422-243/	
Signature: Toro	
Patri 0(12212011	

Privacy Notice



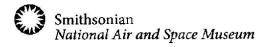
I, Viana Tahman (name), understand that I am being photographed in connection with <u>the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.</u>

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Address: 3229 A Kerfort St	
Email address: diara.pahman Datt. net	
Telephone: 915-694-5203	
Signature:	
Date: 6/21/11	

Privacy Notice



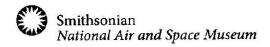
, Jaisma	Rodriquez	(name), understand that I am being photographed in
		xperiments Program (SSEP) National Conference at the
Smithsonian Nation	al Air and Space Muse	eum on Wednesday, 07/06/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

105ai Baaraian	
Print name (if different from above) Sosefunca Bryan	Office Use Only Identifying Features:
Address: 11100 Long Page Dr.	
Telephone: (915) 208 - 7551	
Signature:	
Date: 06/27///	

Privacy Notice



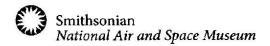
, Carla Stevenson	(name), understand that I am being photographed in
connection with the Student Spaceflight Exp	periments Program (SSEP) National Conference at the
	m on Wednesday, 07/06/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Ivance Ostos	identifying realures.
Address: 7540 medanody	
Email address:	
Telephone: 915)892-3481	
Signature:	
Date: 71/00 28 2011	

Privacy Notice



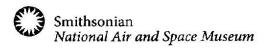
1, Paul Snones	(name), understand that I am being photographed in periments Program (SSEP) National Conference at the	
connection with the Student Spaceflight Exp	periments Program (SSEP) National Conference at the	
Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.		

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Address: 1320 Buckus	
Email address: psmapes Q gmail ron	
Telephone: (415) 591-3918	
Signature: Year Laylan	
Date: 6-22-11	

Privacy Notice



I, CO Walde (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print name (if different from above)	Office Use Only Identifying Features:
Address: 9808 Saigon Email address: Hwallac @ episd , net	
Telephone: 915 593 5916	
Signature: Sea Wallace	
Date:	

Privacy Notice