

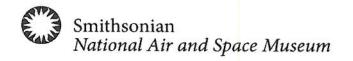
I, Sharon Churchwell (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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.

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| Print name (if different from above) | Office Use Only Identifying Features: |
|---|--|
| Address: 4700 Old Orchard fd #310, 5kokir, IL 60076 Email address: schurchwell@sd74.org | |
| Email address: schurchwellosd74, org | |
| Telephone: 847-763-1438 | |
| Signature: Sharon Churchwell | |
| Date: 6-29-2011 | |

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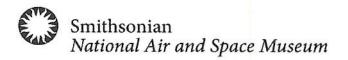
I, <u>Carneron Churchwell</u> (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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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) Sharon Churchwell | Office Use Only Identifying Features: |
|---|--|
| Address: 4700 Old Orchard Rd #310 Skokie, ILGO076 | |
| Email address: Schurchwellosd74.org | |
| Telephone: 847-763-1438 | |
| Signature: Sharon Chevrehwell | |
| Date: 6-29-2011 | |

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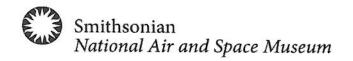


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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

| Print name (if different from above) Sharon Churchwell | Office Use Only Identifying Features: |
|--|--|
| Address: 4700 Old Orchard Rd #310 Skokie, IL 60076 Email address: schurchwelle, sd 74, org | |
| Email address: schurchwelle so 74, org | |
| Telephone: 847-763-1438 | |
| Signature: Tharon Churchivell | |
| Date: 6 - 29 - 2011 | |

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CAROL P. WORRIS (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 | <u>.</u> |
| 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 | n for |
| standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, | |

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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: 1459 SCENIC VALLEY RD., GLADE VALLEY, NO | |
| Email address: <u>CAROL</u> , NORRISZ@GHAIL, COM | |
| Telephone: 336-657-8300 | |
| Signature:Carol P. Worns | |
| Date: 6-29-2011 | |

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I, Advian Gigor (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.

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| Drint name /if different f | |
|--|--|
| Print name (if different from above) | Office Use Only Identifying Features: |
| Address: 6731 N. Keating Ave, Lincoln wood 16.607 12 | |
| Email address: tutigligor (Damail. com | |
| Telephone: 847 676-9844 | |
| Signature: | |
| Date: 6/28/11 | Allowand Process of the Control of t |

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I, MARIA GOLGOR (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.

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| Print name (if different from above) | Office Use Only Identifying Features: |
|---------------------------------------|---------------------------------------|
| Address: 6731 N. Keating Ave. | |
| Email address: tutigligor agmail. com | |
| Telephone: 847/676-9844 | |
| Signature: Maria OUSW | |
| Date: 6/28/11 | |

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| Print name (if different from above) | Office Use Only Identifying Features: |
|---|--|
| Address: 6731 N. Keating Ale, Lincolnwood 11. Email address: tutiglizar agmail. com Telephone: 847/676-9844 | |
| Signature: | |

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I, Brandon Gigor (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.

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| Print name (if different from above) | |
|---|---------------------------------------|
| | Office Use Only Identifying Features: |
| Address: 6731 N. Keating Ave, Lincolnwood 11. | |
| Email address: tutigligonagmail. com | |
| Telephone: 847/676-9844 | |
| Signature: Brandon Bligor | |
| Date: 6/28/1) | |

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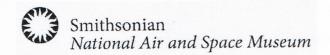
| I, Ethan Gligor (name), understand that I am being photographed | |
|---|----|
| Confection with the StiMent Spaceflight Experiments Program (SSFP) National Conference at the | |
| Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/1 | 1. |

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 |
|---|-----------------------|
| Maria Gligor | Identifying Features: |
| Address: 6731 N. Keating Ave, Lincolnward L. | |
| Address: 6731 N. Keating Ave, Lincolnwood 1. Email address: tutigligar @gnail. 60712 | |
| Telephone: 947/676-9844 | |
| Signature: Mui Ougy (for Ethan Gligor) | |
| Date: 6/28/11 | |

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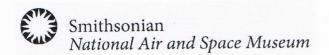
| 1. ROMULUS | BERZESCU | (name), understand that I am being photographed in |
|---|----------|---|
| | | Experiments Program (SSEP) National Conference at the |
| Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11. | | |
| | | |

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| Print name (if different from above) | Office Use Only Identifying Features: |
|--------------------------------------|---------------------------------------|
| Address: 8937 N. MERRILL IL | |
| Email address: | |
| Telephone: (312) 391-6196 | |
| Signature: | |
| Date: 6/29/11 | 4 |

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Berzes cu (name), understand that I am being photographed in

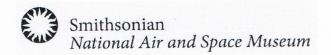
| connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the |
|---|
| Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11. |
| I hereby give the Smithsonian Institution, its employees, licensees and authorized representatives, permission 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. |

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| Print name (if different from above) | Office Use Only Identifying Features: |
|---|---------------------------------------|
| Address: 8937 N. Merrill St. Niles IL. 607/ | |
| Email address: | |
| Telephone: (312) 391-6196 | |
| Signature: Olina Berzescu | |
| Date: 6 29 11 | |

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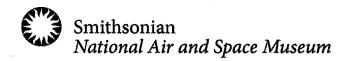
I, HANNAH BERZESCU (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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| Print name (if different from above) ROMULUS BERZESCU | Office Use Only Identifying Features: |
|--|--|
| Address: 8937 N. MERRILL IL | |
| Email address: | |
| Telephone: (312) 391-6196 | |
| Signature: | |
| Date: 6/29/11 | 9 |

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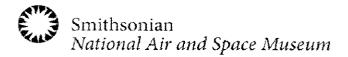
I, Susan Brandt (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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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) Susan Brandt | Office Use Only Identifying Features: |
|---|--|
| Address: 6950 N. Fast Prairie Rd. Lincolnwood, IL 60712 Email address: Sovandte Sd74. Org | |
| Telephone: 847-675-8234 Signature: Brandt | |
| Date: 06/29/2011 | |

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I, Way he found (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.

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| Print name (if different from above) | Office Use Only |
|---|-----------------------|
| Christina Brandt | Identifying Features: |
| Address: 19790 197 PL SW Normandy | |
| Email address: through starbucks. com 98166 | |
| Telephone: 200-931-9890 | |
| Signature: | |
| Date: 6 28 11 | |

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