

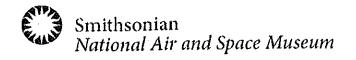
Jean Brown	/
L WIN COLOR	(name), understand that I am being photographed in
	ight Experiments Program (SSEP) National Conference at the
	Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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Print name (if different from above)	Office Use Only Identifying Features:
Jean Brown	identilying reatures:
Address: 12035 Sw Orchard Hill way Lake Osvego 1 or 97035	
Email address:	
Telephone:	
Signature: <u>Sean Brown</u>	
Date:	

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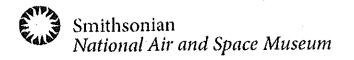
Rose Marie Brown (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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Print name (if different from above)	Office Use Only Identifying Features:
Rose marie Brown	identifying i datal doi
Address: 12035 Sworchard Hill way	
Email address: mcculloch-brown & com ca	
Telephone: _ 503 - 724 - 2497	
Signature: Rose Marie Brown	
Date: Lune, 28, 201/.	·

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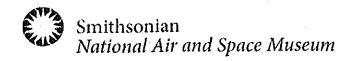
, Rob Brown	(name), understand that I am being photographed in
connection with the Student Spacefli	ght Experiments Program (SSEP) National Conference at the
<u>Smithsonian National Air and Space I</u>	<u>Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.</u>

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Print name (if different from above)	Office Use Only Identifying Features:
- Rob Brown	identifying reatures:
Address: 12035 SN Orchard Hill way	
Email address:mccvlloch-brown & comcas	
Telephone: (503) 724-249	·
Signature: Rob Brown	
Date: Dune, 28, 2011.	

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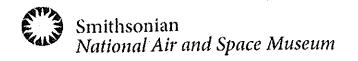
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Print name (if different from above)	Office Use Only Identifying Features:
Julie Brown	iuentilying reatures.
Address: 12035 SN Orchard Hill Wy Email address: mcculloch-brown O comcast.	
Email address: mcculloch-brown @ comcast.	
Telephone:	
Signature: Slee Brown	
Date:	

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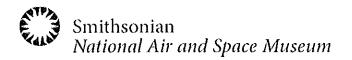


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Print name (if different from above)	Office Use Only Identifying Features:
Hulie Brown.	identifing I ducated
Address: 12035 SW Orchard Hill Way	
Email address: mcculloch-brown o concast.	
Telephone: 503 724 _ 2497	
Signature: Flie Brown	
Date: _ Lune 28, 2011	

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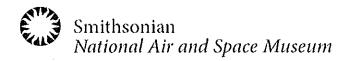
I, White Coleste Brown (name), understand that I am being photographed in connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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Print name (if different from above)	Office Use Only
Robert Brown	Identifying Features:
Address: 12035 SW Oschard Hill Way	
Email address: Lake Osvego OR 97035	
Telephone: 503-891-0706	
Signature: (2 beit Burn)	
Date: June 26, 2011	

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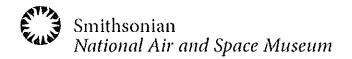


connection with the Student Spaceflight Experiments Program (SSEP) National Conference at the Smithsonian National Air and Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

____ (name), understand that I am being photographed in

Visual/air/vis-air		
I hereby give the Smithsonian Institution, its employees, licensees a permission to photograph me and to use and reproduce my photog standard museum purposes including, but not limited to the Smiths publicity, website, archives, research, publications and other educations permission is irrevocable and royalty-free. I waive any right to in connection with the Smithsonian's uses as authorized in this release form, and warrant that either I or my parent/legal guard	raph(s), name and identification for conian's exhibitions, promotion, tional materials and presentations. inspect or approve the photograph ase. I have read and fully understand	
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	
Time name (ii dinerene nom above)	Identifying Features:	
	II	
2705 SW ORCHARD HILL PL. Address: LAKE OSWAGO, OR 97035	II	
2705 SW ORCHARD HILL PL.	II	
2705 SW ORCHARD HILL PL. Address: LAKE OSWAGO, OR 97035	II	
2705 SW ORCHARD HILL PL. Address: LAKE OSWBGO, OR 97035 Email address: DARRYL-KIM @ COMEAST. NET	II	

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ROUNCETTS SMITH

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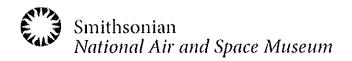
1, BRIDGETTE SMITH	(name), understand that I am being photographed in	
connection with the Student Spaceflight Ex	periments Program (SSEP) National Conference at the	
Smithsonian National Air and Space Muses	ım on Wednesday, 07/06/11, and Thursday, 07/07/11.	
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permission 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:
DARRYL SMITH	
2705 SW ORCHARD HILL PL	
Address: LAKS OSNBGO, OR 97035	
Email address: DANZYL - KIM @ COMERST. NET	
Telephone: _ <u>5 ゅ 3 - 8マフ-73 & /</u>	
Signature:	
7	
Date: 6/07/11	

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I, KINGSTLY SMITH (name), understand to connection with the Student Spaceflight Experiments Program (SSE Smithsonian National Air and Space Museum on Wednesday, 07/0	P) National Conference at the	
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: 2705 SW ORCHARD NILL PL.

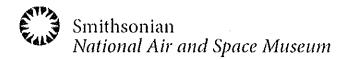
Email address: DADRYL-KIM P COMERSTINST

Telephone: <u>5 9 3 영영7-7361</u>

Signature: Kunsaly A Smeth

Date: 6/27/11

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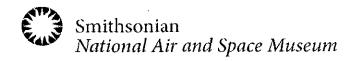
1, TOSEPHINE SM,	\mathcal{I}^{μ} (name), understand that I am being photographed in
connection with the Student.	paceflight Experiments Program (SSEP) National Conference at the
<u>Smithsonian National Air and</u>	Space Museum on Wednesday, 07/06/11, and Thursday, 07/07/11.

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Print name (if different from above)	Office Use Only Identifying Features:
DARRYL SMITH	
Address: LAKE OSWEGO, OR 97035	
Email address: DARRYL-KIM @ COMCAST. NOT	
Telephone: 503-887-7361	
Signature:	
Date: 6/23/11	

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Print name (if different from above)	Office Use Only Identifying Features:
Address: _ 6 David St. South River Not	
Email address:	
Telephone: Joseph Nedrick	
Signature: 732-613-9333	
Date: _ JUNE 29, 2011	

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