



**FILM AND VIDEO RELEASE FORM**

I, <sup>Nick</sup> Beth Wolschlager (name), would like to attend a program at the National Air and Space Museum. I understand that the Smithsonian Institution will film, photograph, or otherwise record the program and publicly distribute such films, photographs, or other recordings via web-site, distance learning programming, and other publications related to the program or the Smithsonian and its activities. Possibly, my name, likeness, voice, statements, or image will be recorded in such film, photograph, or other recording.

In consideration of the opportunity to attend the program, I hereby agree to being filmed, photographed, or otherwise recorded while at the program and that the Smithsonian may use such recording including my name, likeness, voice, statements, or image for any educational, promotional, archival, or other standard museum purpose in any media now known or hereafter devised, in perpetuity, and without compensation or need for further permission or notification. The Smithsonian is under no obligation to film, photograph, or otherwise record me, or to use such recording if made or my name, likeness, voice, statements, or image.

In granting this permission, and in consideration of the opportunity to attend the program, I agree to release and hold harmless the Smithsonian, its regents, agents, and employees from any and all claims, actions, and demands of whatsoever nature, including but not limited to libel or privacy, arising out of the Smithsonian's use of such recording or my name, likeness, voice, statements, or image.

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

Print Name: Nicholas Wolschlager  
 Address: 3150 Grassmere Rd. Owendale, mi, 48754  
 Email address: woshies2008@yahoo.com telephone: 989-963-0301  
 Signature: Beth Wolschlager Date: 6-18-13

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The National Air and Space Museum is collecting this information in order to obtain your permission to be filmed, photographed or otherwise recorded. The Museum collects contact information such as your address; telephone number, etc. so that NASM is able to communicate with you. The Museum will only use your information for the purpose for which it was collected and will only share your contact information with Museum staff that have a need to know the information. Please note that the Smithsonian may also provide your information to: (1) a Federal, State, or local law enforcement agency if the Smithsonian becomes aware of a violation or potential violation of law or regulation; (2) a court or party in a court or Federal administrative proceeding if the Smithsonian is a party or in order to comply with a subpoena; (3) a member of the public in response to his or her request for Smithsonian records under Smithsonian Directive 807, available at [www.si.edu/ogc](http://www.si.edu/ogc); (4) the Department of Justice or in certain legal proceedings when the Smithsonian, an employee of the Smithsonian, or the United States is a party to litigation or has an interest in the litigation and the use of such records is deemed relevant and necessary to the litigation; (5) Smithsonian officials, including the Inspector General, as needed to perform official duties; (6) a Committee of Congress in response to a formal request; and (7) any other person or entity as required by law.



**FILM AND VIDEO RELEASE FORM**

I, Sarah Hammond (name), would like to attend a program at the National Air and Space Museum. I understand that the Smithsonian Institution will film, photograph, or otherwise record the program and publicly distribute such films, photographs, or other recordings via web-site, distance learning programming, and other publications related to the program or the Smithsonian and its activities. Possibly, my name, likeness, voice, statements, or image will be recorded in such film, photograph, or other recording.

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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: Sarah Hammond

Address: 50 Penn St. P.O. Box 624 Elkhart, MS 48731

Email address: sarahhammond51299@yahoo.com Telephone: 989-551-2622

Signature: M. Williams Date: 6/18/13

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**FILM AND VIDEO RELEASE FORM**

I, Hannah Hammond (name), would like to attend a program at the National Air and Space Museum. I understand that the Smithsonian Institution will film, photograph, or otherwise record the program and publicly distribute such films, photographs, or other recordings via web-site, distance learning programming, and other publications related to the program or the Smithsonian and its activities. Possibly, my name, likeness, voice, statements, or image will be recorded in such film, photograph, or other recording.

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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: Hannah Hammond

Address: 50 Penn St. P.O. Box 624 Elkton, MS 38731

Email address: smhammond51299@yahoo.com Telephone: 989-551-2622

Signature: Michael Hammond Date: 6/18/13

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**FILM AND VIDEO RELEASE FORM**

I, Chandler Furness (name), would like to attend a program at the National Air and Space Museum. I understand that the Smithsonian Institution will film, photograph, or otherwise record the program and publicly distribute such films, photographs, or other recordings via web-site, distance learning programming, and other publications related to the program or the Smithsonian and its activities. Possibly, my name, likeness, voice, statements, or image will be recorded in such film, photograph, or other recording.

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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: Chandler Furness

Address: 4570 Coeiger Rd, Elkton, Md 48731

Email address: JRF1972@AirAdvantage.Net Telephone: 989-963-0115

Signature: Joseph R Furness Date: 6-20-2013

**Privacy Notice**

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FILM AND VIDEO RELEASE FORM

I, Kathy Dickens (name), would like to attend a program at the National Air and Space Museum. I understand that the Smithsonian Institution will film, photograph, or otherwise record the program and publicly distribute such films, photographs, or other recordings via web-site, distance learning programming, and other publications related to the program or the Smithsonian and its activities. Possibly, my name, likeness, voice, statements, or image will be recorded in such film, photograph, or other recording.

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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: Kathy Dickens

Address: 6323 Berne Road Pigeon MI 48755

Email address: K.dickens@laker.schod5.org Telephone: 989-553-2057

Signature: Kathy Dickens Date: 6/18/13

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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: Brian Dickens

Address: 6323 Berne Road

Email address: WoodlandWind@gmail.com Telephone: 989 - 551-3732

Signature: [Signature] Date: 6/18/13

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I, Diana R. Schulz (name), would like to attend a program at the National Air and Space Museum. I understand that the Smithsonian Institution will film, photograph, or otherwise record the program and publicly distribute such films, photographs, or other recordings via web-site, distance learning programming, and other publications related to the program or the Smithsonian and its activities. Possibly, my name, likeness, voice, statements, or image will be recorded in such film, photograph, or other recording.

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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: Diana R. Schulz, BS & MA

Address: 3099 N. Farver Pigeon, Mi 48755

Email address: dschulz@lakerschools.org Telephone: 989-670-4124

Signature: Diana R. Schulz Date: June 18, 2013

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