

, Martha Hale	(name)14111- 444444-41NT-4'1-A'1-C
¹ ,	(name), would like to attend a program at the National Air and Space
Museum. I understand that the Smithson	onian Institution will film, photograph, or otherwise record the program and
publicly distribute such films, photogra	phs, or other recordings via web-site, distance learning programming, and
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statements, or image will be recorded in	n such film, photograph, or other recording.

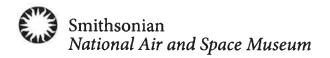
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name:	Martha Hale
Address:	713 Trafford Lane, Savannah, GA 31410
Email addres	s:marty.hale@yahoo.com_Telephone:706 970 9105
Signature:	Martha Hale Date: June 19, 2013

Privacy Notice



I,	Emma Grace	e Otey	(name), would like to attend a program at the National Air and Space
Mus	eum. I understan	d that the Smithson	ian Institution will film, photograph, or otherwise record the program and
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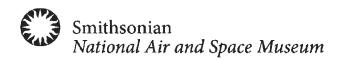
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Print Name: Emma Grace Otey	
Address:1367 Clearbrook Street, Nort	h Charleston, SC 29405
Email address: emma.otey@gmail.com	_Telephone:706 970 9105
Signature: Kumberly (ten	Date: 6/ 19/ 2013
100	_

Privacy Notice



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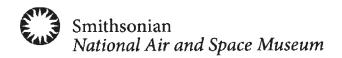
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Print Name: BRIANNA Leas (
Address: 1560 Oak hurst Dr., Mt. Pleasont, Sc 29466-8783
Email address: BRianna Leaslaispi. Telephone: 843-1425-5461
Signature: Brianna Costate: 6/14/13

Privacy Notice



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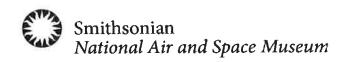
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Print Name: Noah T. Leasl
Address: 1560 Oakhurst Dr., Mt. Pleasant, SC 29466-8783
Email address: Naga teast@ispiwet Telephone: 571- 235-1529
Signature: Date:

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Print Name:	
Address: 1541 OAKHUST De Mount Pleant, SC 29466	
Email address: JACK. Macre GERSTALES Telephone: St. 3718-4592	_
Signature: Date:	_

Privacy Notice

. Kellye	Voiat	
I,		(name), would like to attend a program at the National Air and Space
Museum. I und	erstand that th	ne Smithsonian Institution will film, photograph, or otherwise record the program and
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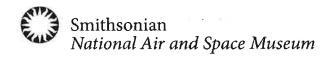
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Print Name:	Kellye Voigt
Address:124	Thousand Oaks Court, Summerville, SC 29485
Email address: _	kellyev@gmail.comTelephone:8433239767
Signature:	Date: 6/17/2013

Privacy Notice



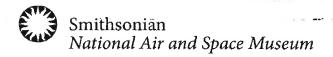
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Print Name:	Shylo	Condon		
Address:	2541	Down G.	Johns Island, SC	2940
Email address:		Telephon	e:	
Signature.\\\(er Cand	Date:	6-14-2013	_

Privacy Notice



I, Lauren Boben (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.

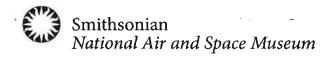
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Print Name: Lauren	Baber
Address: 666 MC Cutchen	St., CharlesTON, SC, 29412
Email address:	Telephone: 843-693-1125_
Signature: Marlene Bali	er Date: 6/14/2013

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I, Malence Lisant & S (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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Print Name: Malena Lis	santa s
Address: 666 McCatchen	St., CharlesTON, SC 29412
Email address:	_Telephone: <u> </u>
Signature: Marlen Balin	Date: 6/14/2013

Privacy Notice

I, Madie Katchitt (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.

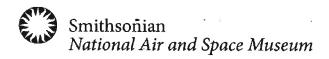
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Print Name: Maddie R	Catcliff
Address: 1545 Ashlay River P	Ed., Apt. H, Charleston, SC 2940
Email address:	Telephone: <u>843-670-9906</u>
Signature: Britany Bab	Date:6/14/2013

Privacy Notice



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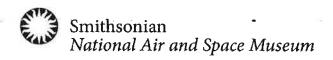
Print Name: Brittany Baber

Address: 1545 As hley River Rd Apt. H, Charleston, SC

Email address: baber@musc.edg Telephone: 843-670-9906

Signature: Brutany Balu Date: 6 [14 | 2013

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I, Marlene Sole (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.

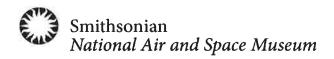
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Print Name: Marlene Bo	
Address: bbb McCutche	en St. Charleston, SC 29412 mettoscholars academy org Telephone: 843-693-1125
marlene. baber @ palm	nettoscholars academy , org
Email address:	Telephone: <u>843 - 693 - 1125</u>
Signature Balun	_Date:6/14/2013

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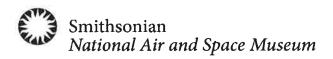
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Print Name: Stacey Lindbergh	_
Address: 2338 Daniel Island DR	
Email address: Stindbeatahomisc Coffelephone: 843-437-1751	

Privacy Notice

Date: 6/18/2013



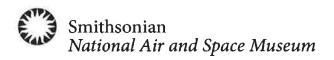
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Print Name: Wiche Lindbergh
Address: 2338 Daniel Island Drive Charleston, & 29492
Email address: Shoother homes Telephone:
Signature: Jacus Habey Date: 6/18/2013
$^{\prime}$ (T $^{\prime}$

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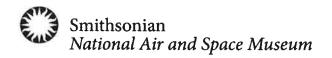
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Print Name: Rachel Lindbergh

Address: 2338 Daniel Island DRib Charleston SC29492

Email address: Sindberghahomes Telephone: 843-437-1751

Privacy Notice



I, Nora Voigt

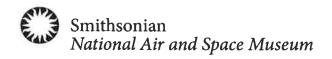
FILM AND VIDEO RELEASE FORM

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Print Name:Nora Voigt	
Address:124 Thousand Oak Ct. Sur	mmerville, SC 29485
Email address: 9kvoigt@yahoo.com	Telephone:843 513 9205
Signature:	Date:June 19, 2013
()	

Privacy Notice



r, Gabe Voigt	(name), would like to attend a program at the National Air and Space
Museum. I understand that the Smiths	onian Institution will film, photograph, or otherwise record the program and
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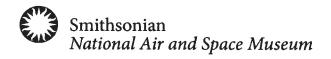
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Print Name:Gabe Voigt	
Address:124 Thousand Oak Ct. Sun	nmerville, SC 29485
Email address: _gkvoigt@yahoo.com	Telephone:843 513 9205
Signature:	_{Date:} June 19, 2013

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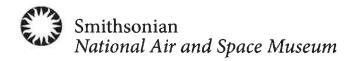
Grea Voiat

FILM AND VIDEO RELEASE FORM

I, Greg Voigt	(name), would like to attend a program at the National Air and Space	
	sonian Institution will film, photograph, or otherwise record the program and aphs, 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.		
otherwise recorded while at the program likeness, voice, statements, or image for in any media now known or hereafter of permission or notification. The Smiths	attend the program, I hereby agree to being filmed, photographed, or m and that the Smithsonian may use such recording including my name, or any educational, promotional, archival, or other standard museum purpose devised, in perpetuity, and without compensation or need for further sonian is under no obligation to film, photograph, or otherwise record me, or ame, likeness, voice, statements, or image.	
harmless the Smithsonian, its regents, a	sideration of the opportunity to attend the program, I agree to release and hold agents, and employees from any and all claims, actions, and demands of mited to libel or privacy, arising out of the Smithsonian's use of such statements, or image.	
If the subject of the photograph legal guardian.	h is a minor, this Release Form must be signed by a parent or	

Print Name: Greg Voigt	
Address: 124 Thousand Oak Ct. Sumi	merville, SC 29485
Email address:kvoigt@yahoo.com	Telephone:843 513 9205
Signature:	Date:June 19, 2013

Privacy Notice



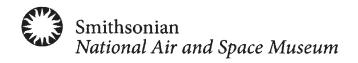
In consideration of the opportunity to attend the program, I hereby agree to being filmed, photographed, or otherwise recorded while at the program and that the Smithsonian may use such recording including my name, likeness, voice, statements, or image for any educational, promotional, archival, or other 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:	Richard Voigt	_
Address:	16939 Glen Oak Run, Rockville, MD 20855	_
Email addres	marty.hale@yahoo.com Telephone: 301 921 4997	
Signature:	Richard Date: June 20, 2013	

Privacy Notice



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

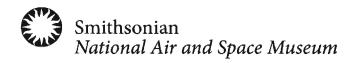
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name:	E	Eric Voigt				_
Address:	16939 GI	en Oak Run, Rock	ville, MD	2085	5	
Email addres	ss:marty	.hale@yahoo.com	_Telepho	ne:	301 921 4997	
Signature: _	Eric	Voigt	_ Date:	Jun	e 20, 2013	

Privacy Notice



I, Loretto Voigt	(name), would like to attend a program at the National Air and Space
Museum. I understand that the Smithson	iian Institution will film, photograph, or otherwise record the program and
publicly distribute such films, photograp	hs, 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.

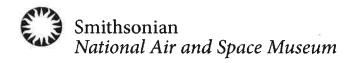
In consideration of the opportunity to attend the program, I hereby agree to being filmed, photographed, or otherwise recorded while at the program and that the Smithsonian may use such recording including my name, likeness, voice, statements, or image for any educational, promotional, archival, or other 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:	Loretto Voigt	
Address:	16939 Glen Oak Run, Rocky	ville, MD 20855
Email addres	ss:marty.hale@yahoo.com	_Telephone:301 921 4997
Signature:	Loretto Voigt	_ Date: June 20, 2013

Privacy Notice



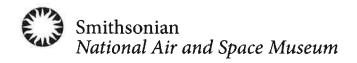
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name:	YungMi Hinman
Address:	8228 Timberidge Court, North Charleston, SC 29420
Email addres	karen.black1962@gmail.com
Signature: <u></u>	June 20, 2013

Privacy Notice



_{I,} Lynn Hir	(name), would like to attend a program at the	National Air and Space
Museum. I unders	rstand that the Smithsonian Institution will film, photograph, or otherw	ise record the program and
publicly distribute	e such films, photographs, or other recordings via web-site, distance le	arning programming, and
other publications	s related to the program or the Smithsonian and its activities. Possibly,	, my name, likeness, voice,
statements, or imag	age will be recorded in such film, photograph, or other recording.	

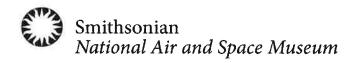
In consideration of the opportunity to attend the program, I hereby agree to being filmed, photographed, or otherwise recorded while at the program and that the Smithsonian may use such recording including my name, likeness, voice, statements, or image for any educational, promotional, archival, or other 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:	Lynn Hinman
Address:	3228 Timberidge Court, North Charleston, SC 29420
Email addres	s:karen.black1962@gmail.com
Signature: _	Jym Hun Date: June 20, 2013

Privacy Notice



I, Karen Black	(name), would like to attend a program at the National Air and Space
Museum. I understand that the Smithsoni	an Institution will film, photograph, or otherwise record the program and
publicly distribute such films, photograph	s, 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 s	uch film, photograph, or other recording.

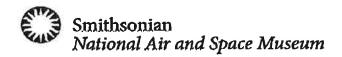
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name:	Karen Black
Address:	8228 Timberidge Court, North Charleston, SC 29420
Email addres	ss:karen.black1962@gmail.com 301 921 4997
Signature: _	Karen Black Date: June 20, 2013

Privacy Notice



8437662008

FILM AND VIDEO RELEASE FORM

I, (name), would like to attend a program at the National Air and Space Myseum. 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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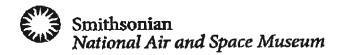
If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name: Sames Hunter Black

Address: 828 Tumberides G. N. W. S. 2943 Email address: Khen. Rlack 1962 Date: 843 877 1281

Signature: Signature: Local Date: 6-13-13

Privacy Notice



8437662008

FILM AND VIDEO RELEASE FORM

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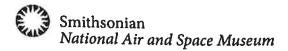
Print Name: Samuel Connor Black

Address: 728 Tunberidge (4 NChas Sc 2942)

Email address: Telephone: 843 817 128/

Signature: Alla Black Date: 6.13 13

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I, Sardra L. Eslincol (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.

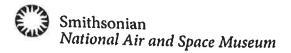
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name: Sandra L. Eslinge	
Address: 5054 E. Dolphin, N. Clu	urleston, SC 29405
Email address:	Telephone: <i>B43 -324-8309</i>
Signature: <u>Jacket Bys</u>	Date: <i>6/19/2013</i>

Privacy Notice



I, David L. F. (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.

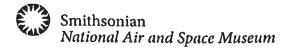
In consideration of the opportunity to attend the program, I hereby agree to being filmed, photographed, or otherwise recorded while at the program and that the Smithsonian may use such recording including my name, likeness, voice, statements, or image for any educational, promotional, archival, or other 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.

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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: David L. Eslinger	
Address: 5354 E. Dalphin St., N. Charleston, 5 C 29405	
Email address: Telephone: 843-425-6629	_
Signature: Wall Lellay Date: 6/19/2013	_

Privacy Notice



I, Line (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.

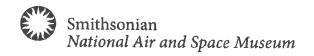
In consideration of the opportunity to attend the program, I hereby agree to being filmed, photographed, or otherwise recorded while at the program and that the Smithsonian may use such recording including my name, likeness, voice, statements, or image for any educational, promotional, archival, or other 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.

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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.

icea Pagi aigir.
Print Name: Griffin D. Eslinger
Address: 5254 E. Dolphin St., N. Charleston SC 29423
Email address: Lave, estinger & Lagran, Jelephone: 843-425-6629
Signature: Naush Setura Date: 6/19/2013
Signature: Mail Leling Date: 6/19/2013

Privacy Notice



I, PRAVIS STURPIMM (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:	PAULS ST	CURDINANT (STUDENT)	m	April Sturd.	VAM (COAN
Address: 86	08 C	oppergrov.	e Da	North	CHARKSTON	SC	29426
		VT (SC. RR. COM					
Signature: M	SOF	(DAO)	Date: 6/	14/2	013		

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