



Smithsonian  
National Air and Space Museum

**FILM AND VIDEO RELEASE FORM**

I, Martha Hale (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 of 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: Martha Hale

Address: 713 Trafford Lane, Savannah, GA 31410

Email address: marty.hale@yahoo.com Telephone: 706 970 9105

Signature: Martha Hale Date: June 19, 2013

**Privacy Notice**

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.



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I, Emma Grace Otey (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: Emma Grace Otey

Address: 1367 Clearbrook Street, North Charleston, SC 29405

Email address: emma.otey@gmail.com Telephone: 706 970 9105

Signature: *Kimberly Otey* Date: 6/19/2013

*Parent*

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**FILM AND VIDEO RELEASE FORM**

I, Brianna Leask (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: Brianna Leask

Address: 1560 Oakhurst Dr., Mt. Pleasant, SC 29466-8783

Email address: Brianna.Leask@ispi.net Telephone: 843-425-5461

Signature: Brianna Leask Date: 6/14/13

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**FILM AND VIDEO RELEASE FORM**

I, Noah T. Leask (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: Noah T. Leask

Address: 1560 Oakhurst Dr, Mt. Pleasant, SC 29466-8783

Email address: Noah.Leask@isfp.net Telephone: 571-235-1529

Signature: [Signature] Date: 6/14/13

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Smithsonian  
National Air and Space Museum

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I, JACK D MOORE (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: JACK D. MOORE

Address: 1541 OAKHURST DR Mount Pleasant, SC 29466

Email address: JACK.MOORE@EPSCALBS.COM Telephone: 803 718-4592

Signature: [Handwritten Signature] Date: 6-13-2013

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**FILM AND VIDEO RELEASE FORM**

I, Kellye Voigt (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.**

Kellye Voigt

Print Name: \_\_\_\_\_

Address: 124 Thousand Oaks Court, Summerville, SC 29485

Email address: kellyev@gmail.com Telephone: 8433239767

Signature:  Date: 6/17/2013

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**FILM AND VIDEO RELEASE FORM**

I, Shyla Condon (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: Shyla Condon  
 Address: 2541 Down Pt. Johns Island, SC 29401  
 Email address: — Telephone: —  
 Signature: Shyla Condon Date: 6-14-2013

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FILM AND VIDEO RELEASE FORM

I, Lauren Baber (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: Lauren Baber  
 Address: 666 McCutchen St., Charleston, SC, 29412  
 Email address: — Telephone: 843-693-1125  
 Signature: Marlene Baber Date: 6/14/2013

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I, Malena Lisentas (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 Lisentas

Address: 666 McCatchen St., Charleston, SC 29412

Email address: — Telephone: 843-693-1125

Signature: Marlene Balu Date: 6/14/2013

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**FILM AND VIDEO RELEASE FORM**

I, Maddie Ratcliff (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 Ratcliff

Address: 1545 Ashley River Rd., Apt. H, Charleston, SC 29407

Email address: — Telephone: 843-670-9906

Signature: Brianna Bab Date: 6/14/2013

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Print Name: Brittany Baber  
 Address: 1545 Ashley River Rd Apt. H, Charleston SC 29407  
 Email address: baber@musc.edu Telephone: 843-670-9906  
 Signature: Brittany Baber Date: 6/14/2013

**Privacy Notice**

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FILM AND VIDEO RELEASE FORM

I, Marlene Baber (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: Marlene Baber

Address: 666 McCutchen St. Charleston, SC 29412

~~not~~ Email address: marlene.baber@palmettoscholarsacademy.org Telephone: 843-693-1125

Signature: Marlene Baber Date: 6/14/2013

**Privacy Notice**

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, Stacey Lindbergh (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 of 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: Stacey Lindbergh

Address: 2338 Daniel Island Dr

Email address: slindbergh@homesc.com Telephone: 843-437-1751

Signature: [Handwritten Signature] Date: 6/18/2013

**Privacy Notice**

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, Nicole Lindbergh (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 of 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: Nicole Lindbergh  
 Address: 2338 Daniel Island Drive Charleston, SC 29492  
 Email address: slindbergh@home.com Telephone: \_\_\_\_\_  
 Signature: [Signature] Date: 6/18/2013

**Privacy Notice**

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, Rachell Lindbergh (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 of 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: Rachel Lindbergh  
 Address: 2338 Daniel Island Drive Charleston, SC 29492  
 Email address: slindbergh@home.com Telephone: 843-437-1751  
 Signature: [Handwritten Signature] Date: 6/18/2013

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**FILM AND VIDEO RELEASE FORM**

I, Nora Voigt (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 of 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: Nora Voigt

Address: 124 Thousand Oak Ct. Summerville, SC 29485

Email address: nkvoigt@yahoo.com Telephone: 843 513 9205

Signature:  Date: June 19, 2013

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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, Gabe Voigt (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: Gabe Voigt

Address: 124 Thousand Oak Ct. Summerville, SC 29485

Email address: gkvoigt@yahoo.com Telephone: 843 513 9205

Signature:  Date: June 19, 2013

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**FILM AND VIDEO RELEASE FORM**

I, Greg Voigt (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: Greg Voigt

Address: 124 Thousand Oak Ct. Summerville, SC 29485

Email address: gkvoigt@yahoo.com Telephone: 843 513 9205

Signature:  Date: June 19, 2013

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**FILM AND VIDEO RELEASE FORM**

I, Richard Voigt (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: Richard Voigt

Address: 16939 Glen Oak Run, Rockville, MD 20855

Email address: marty.hale@yahoo.com Telephone: 301 921 4997

Signature:  Date: June 20, 2013

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**FILM AND VIDEO RELEASE FORM**

I, Eric Voigt (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: Eric Voigt

Address: 16939 Glen Oak Run, Rockville, MD 20855

Email address: marty.hale@yahoo.com Telephone: 301 921 4997

Signature: Eric Voigt Date: June 20, 2013

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**FILM AND VIDEO RELEASE FORM**

I, Loretto Voigt (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: Loretto Voigt

Address: 16939 Glen Oak Run, Rockville, MD 20855

Email address: marty.hale@yahoo.com Telephone: 301 921 4997

Signature: *Loretto Voigt* Date: June 20, 2013

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**FILM AND VIDEO RELEASE FORM**

I, YungMi Hinman (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: YungMi Hinman

Address: 8228 Timberidge Court, North Charleston, SC 29420

Email address: karen.black1962@gmail.com Telephone: 301 921 4997

Signature: *YungMi Hinman* Date: June 20, 2013

**Privacy Notice**

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, Lynn Hinman (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: Lynn Hinman

Address: 8228 Timberidge Court, North Charleston, SC 29420

Email address: karen.black1962@gmail.com Telephone: 301 921 4997

Signature:  Date: June 20, 2013

**Privacy Notice**

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**FILM AND VIDEO RELEASE FORM**

I, Karen Black (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: Karen Black

Address: 8228 Timberidge Court, North Charleston, SC 29420

Email address: karen.black1962@gmail.com Telephone: 301 921 4997

Signature: *Karen Black* Date: June 20, 2013

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**Smithsonian  
National Air and Space Museum**

**FILM AND VIDEO RELEASE FORM**

I, James "Hunter" Black (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 of 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: James "Hunter" Black  
Address: 8228 Tumbidgee Ct. N Ches SC 29420  
Email address: Karen.Black1962@gmail.com Telephone: 843 877 1281  
Signature: [Handwritten Signature] Date: 6-13-13

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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.



**Smithsonian  
National Air and Space Museum**

**FILM AND VIDEO RELEASE FORM**

I, Samuel "Connor" Black (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: Samuel "Connor" Black  
Address: 2228 Timberidge Ct NChas SC 29420  
Email address: KARIN.Black1962@gmail.com Telephone: 843 817 1281  
Signature: Karin Black Date: 6/13/13

**Privacy Notice**

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Smithsonian  
National Air and Space Museum

**FILM AND VIDEO RELEASE FORM**

I, Sandra L. Estlinger (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. Estlinger

Address: 5254 E. Dolphin, N. Charleston, SC 29405

Email address: sescorra@gmail.com Telephone: 843-324-8309

Signature: Sandra Estlinger Date: 6/19/2013

**Privacy Notice**

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Smithsonian  
National Air and Space Museum

FILM AND VIDEO RELEASE FORM

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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. Estinger  
 Address: 5854 E. Delphin St., N. Charleston, SC 29405  
 Email address: dave.estinger@gmail.com Telephone: 843-425-6629  
 Signature: David L. Estinger Date: 6/19/2013

Privacy Notice

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Smithsonian  
National Air and Space Museum

**FILM AND VIDEO RELEASE FORM**

I, Griffin D. Eslinger (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: Griffin D. Eslinger

Address: 5254 E. Dolphin St., Mt. Charleston SC 29485

Email address: dave.eslinger@regional.gov Telephone: 843-425-6629

Signature: [Handwritten Signature] Date: 6/19/2013

**Privacy Notice**

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**FILM AND VIDEO RELEASE FORM**

I, TRAVIS STURDIVANT (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: TRAVIS STURDIVANT (student) MARVIN STURDIVANT (DAD)

Address: 8608 Coppergrove DR North CHARLESTON SC 29420

Email address: MSTURDIVANT@SC.ER.COM Telephone: 843 568 7441

Signature: [Signature] (DAD) Date: 6/14/2013

**Privacy Notice**

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.