



FILM AND VIDEO RELEASE FORM

I, Margaret Baguio (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.

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: Margaret Baguio

Address: 3925 W. Braker Ln, Ste 200 Austin, TX 78759

Email address: baguio@tsgc.utexas.edu Telephone: 512-471-6922

Signature: Margaret Baguio Date: 6-18-13

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; (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, Susana Ramirez (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: Susana Ramirez
 Address: 309 S 18th Ave, TV. 78537
 Email address: susana.ramirez@psjaisp.us Telephone: 956-223-3831
 Signature: [Signature] Date: 6/18/13

Privacy Notice

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FILM AND VIDEO RELEASE FORM

I, CELENA MILLER (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: CELENA MILLER

Address: 6913 NORTH 8TH STREET UNIT 3 MCKINNEY, TX 78504

Email address: CELENA@CELENAMILLER.COM Telephone: (956) 681-0274

Signature:  Date: 6-18-13

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; (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, Nallely Azuara (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: Nallely Azuara

Address: 6904 Maas Ln

Email address: nallely212@gmail.com Telephone: 956-784-9538

Signature: Nallely Azuara Date: 10/19/2013

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; (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, Divad Azuara (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: Divad Azuara

Address: 6904 Mars LN Pharr, TN 78577

Email address: arauza32@gmail.com Telephone: (956) 784-9538

Signature: Divad Azuara Date: 6/19/13

Privacy Notice

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FILM AND VIDEO RELEASE FORM

I, Brianna Azuara (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 Azuara

Address: 6904 Mars Ln. Pharr TX 78577

Email address: arauza321@gmail.com Telephone: (956) 784-9538

Signature: [Signature] Date: 6/19/13

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Print Name: David Azuara

Address: 6904 Mars Ln, Pharr TX 78577

Email address: arauza321@gmail.com Telephone: (956) 784-9538

Signature: [Signature] Date: 6/19/03

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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: BRANDON MILLER

Address: 6913 NORTH 8TH STREET UNIT 3 MCALLEN, TX 78504

Email address: BRANDON@BRANDON-SCOTT.COM Telephone: _____

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

Privacy Notice

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FILM AND VIDEO RELEASE FORM

I, KIRK MILLER (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: KIRK MILLER

Address: 6913 NORTH 8th STREET UNIT 3 McALLEN, TX 78504

Email address: KIRK@KIRK-ALEXANDER.COM Telephone: _____

Signature: [Handwritten Signature] Date: 6-18-13

Privacy Notice

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FILM AND VIDEO RELEASE FORM

I, DOMINIC MILLER (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: DOMINIC MILLER

Address: 6913 NORTH 8TH STREET UNIT 3 McALLEN, TX 78504

Email address: DOMINIC@DOMINIC-ALLEN.COM Telephone: _____

Signature: [Handwritten Signature] Date: 6-18-13

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FILM AND VIDEO RELEASE FORM

I, Alexandra M. Chavez (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: Alexandra M. Chavez
 Address: P.O. Box 415 Pharr, TX 78577
 Email address: dchavez4@rgv.rr.com Telephone: 956-429-1210 (mom)
 Signature: [Signature] Date: 6/19/13

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FILM AND VIDEO RELEASE FORM

I, Amanda E. Chavez (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: Amanda E. Chavez
 Address: P. O. Box 415 Pharr, TX 78577
 Email address: dchavez4@rgv.rr.com Telephone: 956-429-1210
 Signature: Ama E Chavez Date: 6/19/13

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FILM AND VIDEO RELEASE FORM

I, Daniel Chavez (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: Daniel Chavez

Address: P.O. Box 415 Pharr, TX 78577

Email address: dchavez4@rgv.ir.com Telephone: 1210-875-9297

Signature: Daniel Chavez Date: 6/19/13

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FILM AND VIDEO RELEASE FORM

I, Ana S. Chavez (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: Ana S. Chavez

Address: P.O. Box 415 Pharr, TX 78577

Email address: alchavez4@rgv.rr.com Telephone: (956) 429-1210

Signature: Ana S. Chavez Date: 6/19/13

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FILM AND VIDEO RELEASE FORM

I, CHRISTOPHER MILLER (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.

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: CHRISTOPHER MILLER

Address: 6913 NORTH 8TH STREET UNIT 3 McALLEN TX 78504

Email address: CHRISTOPHER@CHRISTOPHERSEAN.COM Telephone: (956) 462-0514

Signature: Date: 6-18-13

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