

I, Margaret Baguio (name), would like to attend a program at the National Air and Space Museum. Funderstand 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.

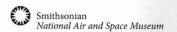
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name: Margaret Baguio	
Address: 3025 W. Braker Ln. Ste 200 Austin TX 1879	54
Email address: bayuo atsac. Telephone: 512-471-6922	
Signature: Manguet Bagyup Date: 6-18-13	

## **Privacy Notice**



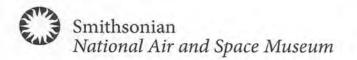
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Print Name:	Susana Ramirez
Address:	309 5 18th Jonne, TV. 78537
Email address: SUS	ung raminezars A Pelephone: 956-223-383)
Signature:	Date: 6/18/13

#### **Privacy Notice**



I, CELENA	MILLER	(name), would like to attend a prog	ram at the National Air and Space
Museum. I unders	stand that the Smithson	ian Institution will film, photograph,	or otherwise record the program and
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		or the Smithsonian and its activities.	
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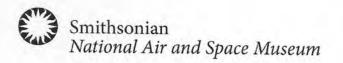
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Address: <u>69/3</u>	NORTH	8211	Sheet	DNIT	3 marco	J TK	78509
Email address:	COLONAM	LUEN_CO	Telephon	e: 65	6) G81-0:	274	
Signature:							

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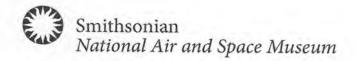
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Print Name: Nallely Augua
Address: UQUY Mais Ln
Email address: MILLY 212 (10 amail . Com 956 - 784-9538
Email address: MILLY 21200 Maj 1. Com 950 - 784-9538  Signature: MULLY LIMBO Date: 0 19 2013

#### **Privacy Notice**



I, Divid Azunta (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: Divad Azuara

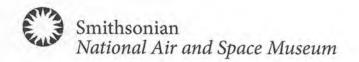
Address: 6904 Mars CN Phair TN 78577

Email address: arauza 32 Pagmail: com Telephone: (956) 784 - 9538

Signature: Divad Azuara

Date: 6/19/13

### **Privacy Notice**



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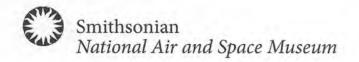
If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name: Brianna Azuara

Address: 6904 Mars LN. Phare TX 78577

Email address: <u>0.100.30321@a.mail.co.T</u>elephone: (956) 784-95 38

## **Privacy Notice**



I, David (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.

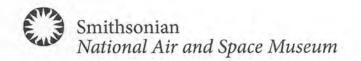
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Print Nam	ne: <u>Dau</u>	d Azuara				
Address:	6904	Mars Ln	Phair	TX	78577	
Email add	Iress: <u>arau</u>	130,321@ gmail	Com Telephone:	956) 7	84-9538	
Signature	D-	az	Date:	19/03		

## **Privacy Notice**



(name), would like to attend a program at the National Air and Space

publicly distribute such films, photographs, or other recordings via web-site, d	
other publications related to the program or the Smithsonian and its activities. statements, or image will be recorded in such film, photograph, or other record	Possibly, my name, likeness, voice,
In consideration of the opportunity to attend the program, I hereby agree to be	

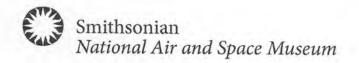
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Print Nam	ne: Br	MOON	MIL	LOR				_	
Address:	6913	NORTH	874	STROET	UN17	3	marca, 7	K	78504
Email add	lress:	BRANDON-	-Scott.Co	<u>om</u> Telephon	e:				
Signature	an	1	16	Date:	6	-18	- 13	_	

# **Privacy Notice**



-		MILLER	(name), would like to attend a program at the National Air and Space
Museum. I	unders	tand that the Smithso	onian Institution will film, photograph, or otherwise record the program and
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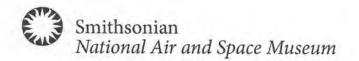
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Print Name:	cien 71	rrces					
Address: 6913	PORTH	82	512001	0217	3	marcon, 7x	78504
Email address: <u>K</u>	RKE KIRK-	ALEXANDE	Teleph	none:			
Signature:	1 tim	11	Date:		6-18	8-13	

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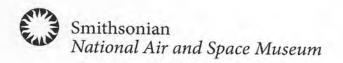
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Address: _	6913	NoatH	8751	STREET	UNIT 3	mesecal,	7X 785
mail add	ress: Domi	vice Domini	(-ALCONT	Telephone:			785
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#### **Privacy Notice**



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.

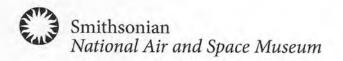
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Print Name: Alexandra M. Chavez	
Address: P.O. Box 415 Pharr, TX	78577
Email address: dchavez 4@rgv.rr.comTelephone: 956.4	29-1210 (MOM)
Signature: And Change Date: 6/19/13	3

#### **Privacy Notice**



I, Amanda E. Chawl (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.

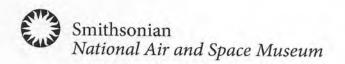
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Print Name:	Amanda E. Chavez	
Address:	P. O.Box 415 Pharr	TX 78577
Email address:	dchavez 40 rgv. r. Telephone:	956-429-1210
Signature:	ha & Cham Date:	6/19/13
	X	

# **Privacy Notice**



I, Daniel Chauz (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.

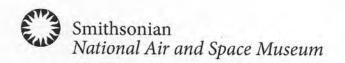
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Print Name: Daniel Chave	Z	
Address: P.O. Box 415 Ph	arr, TX	78577
Email address: dchavez 4 e rgv. 11.00	MTelephone:	1210-875-9297
Signature: <u>Janil</u> Ch		

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I, How 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.

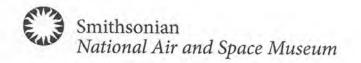
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Print Name	:_ Ana S.	Chavez	_	
Address:	P.O. Box	415	Pharr, TX	78577
Email addre	ess: <u>achauez</u>	4@ rgv.sr	Telephone: (956) 4	129-1210
Signature: _	ana S. Ch	anez	Date:	19/13

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I, CHR STORICE (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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Address: <u>6913</u>	NORTH	820 STREET	Udi 1 3	MEACLEN TX	78509
Email address:	CHRISTOPHER	SEAN COMTelep	ohone: <u>656</u>	462-2514	_
Signature:	1 2 m	Date:	6-18	_ 13	

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