

I, William A. Perkins (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.

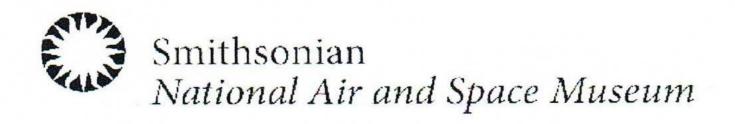
Print Name:	William	A. Perki	15	

Address: 536 Ridgewood Dr. Lebanon, VA 24266

Email address: WPerkins Drusell-KD. Vacus Telephone: 276-761-2859

Signature: William A. Parlins Date: 6-10-13

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I, KAYN PURTEE (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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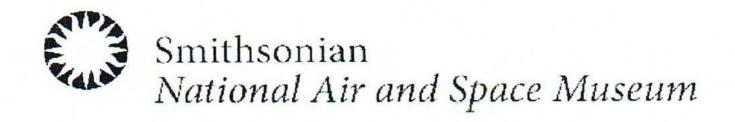
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Print Name:	KALYN	PURTEE			
	,			/	

Signature: Nahm Kritic Date: 6-11-13

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T /	
I, JANI YURTEE	(name), would like to attend a program at the National Air and Space
Museum. I understand that the Smithsonia	an Institution will film, photograph, or otherwise record the program and
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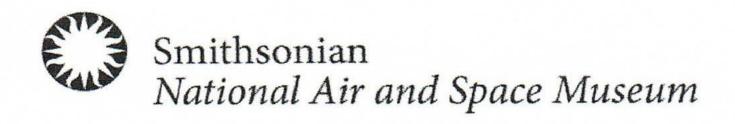
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Print Name:	JA	NI PURTEE					
		WARREN DX					
Email addres	ss: <u>ipur</u>	fee e russell. k12.	Va.Us Teleph	one: <u>513</u>	3)40	4-9782	
Signature:	Jam	¿ L Printer	Date:	6-11-	13		

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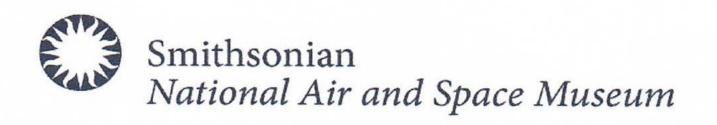
If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name: Jane H. Carter	-
Address: 1399 Molls Creek Rd Castlewood, VA 24224	
Email address: Marter@ russell. KIZ.va.us Telephone: 276-794-7931	

Signature!

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Date: 6-9-13



I, 10000 (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.

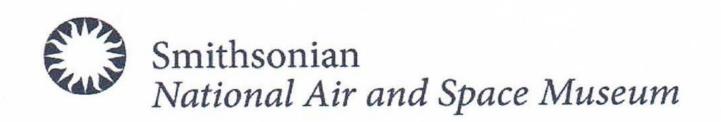
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Print Name: Donna Odhlambo	
Address: PO Box 827 Posedale, VA 24280	
Email address: dx08020@gopqle.comTelephone: 513-655-0521	
Email address: dxD8020@gpglo.cowTelephone: 513-655-0521 Signature: Date: 06/10/13	

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I, Dana Odhiambo (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.

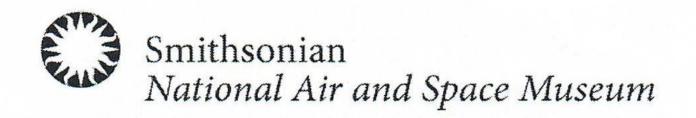
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Print Name: Diana Odhiambo	-
Address: PO Box 807 Rosedale, VA 24280	_
Email address: dnch182@gmail·com_Telephone: 513.602.1019	_
Signature: Date: 06/10/13	

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I, Mariona Collins (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.

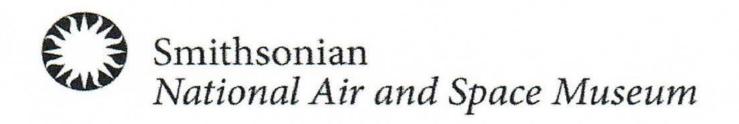
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name: <u>Janet</u>	Collins.	For McKi	nna Cá	ollans
Address: PO Box	115 Cle,	reland	, VA a	24225
Email address: Collinsappr	aisal @ Telephone:	276	889	-0065
Signature: Ance of	Our Date:	6-10-	13	

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Signature: <u>Christine Hylton</u>

FILM AND VIDEO RELEASE FORM

$_{ m I,}$ Jac	cob Akers	(name), would like to attend a program at the National Air and Space
		sonian Institution will film, photograph, or otherwise record the program and raphs, or other recordings via web-site, distance learning programming, and
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statements, or imag	ge will be recorded	in such film, photograph, or other recording.
otherwise recorded likeness, voice, stat in any media now k permission or notif	while at the progra tements, or image f known or hereafter ication. The Smith	attend the program, I hereby agree to being filmed, photographed, or am and that the Smithsonian may use such recording including my name, for 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.
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If the subject of	the photograp	h is a minor, this Release Form must be signed by a parent or
legal guardian.		
Print Name:		Christine Hylton for Jacob Akers
Address:	3661 Pos	ssum Hollow Rd.
Email address: _	legolasoran@	hotmail.com Telephone: 276-889-2892

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Date: ____

6/12/2013