

I, STACH AUS (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.

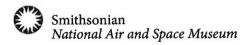
Print Name: STACY ALE

Address: 3307 WYNDHAM CIC #2160 ALEX, NA ZZ302

Email address: SALE LON WAMAIL COMPlephone: 103 - 328 - 6684

ignature: Date: 6 18 13

## **Privacy** Notice



I, Silvia Mariand 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.

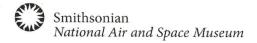
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Print Name: 31/10 N. Bacot
Address: 10/01 Grosvenov PL #1/03, ROXVIIIe, 11,D 20852
Email address: 511_bac@ hotwil.(OM telephone: 301-827-081)
Signature:

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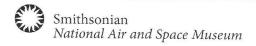
Print Name: Robert Edmiston

Address: 137 Palm Circle Melbourne, FL, 32940

Email address: (learnistor@hotmillatelephone (321)-446-1558

Signature: 1. 1 Satur Date: 6/10/13

# Privacy Notice



I, MASSIVA DUBBELL (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.

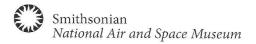
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Print Name: CHRISTINH LYNDA HUBBELL
Address: 177 HEATHER GLEN RD STERLING UA 20165
Email address: ITHORES & CUALIZON, NETTelephone: 703 606 6919
signature: Kristing Juliane. 15 DONE 2018

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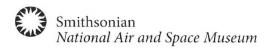
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Print Name: JOYN THOMAS HUBBER
Address: 177 HEATYLER GLEN RA STERLING VA 20/65
Email address: TTHUBLOOD OVER TON Telephone: 703 606 6918
Signature:Date:

## Privacy Notice



I, <u>Joel Jockel</u> (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.

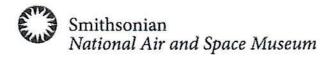
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Print Name: Joel Jackel
Address: 57 West Burda Place New City, NY 10956
Email address: Jackal 7 1000 comelephone: 646 251 3815
Email address: $\frac{5ackal7*60001*co}{1000000000000000000000000000000000000$

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I, Elizabet Kennick (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.

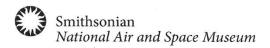
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8 8		- 1	10 11	0				
Print Name:	E	lizabet	h Ke	ennick				
Address:	168	Bergen	St.	Brook	lyn	NY	11217	
		ESCAPEBUE	1-1200					
Signature: <u></u>	& ali	th Roan	(S	Date:/	5	tune	2013	

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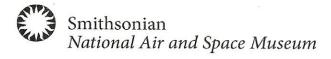
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Print Name:	_	Jose	A 493	STRELL			51000000000000000000000000000000000000		
Address:	//	EAST	MAIN,	UNIT	R	, 510	LOSBURG	PA	17579
Email addres	ss: <u>3</u> 1	H218577	PHOTOST	o space to	elephoi	ne:	117 40	6 23	,94
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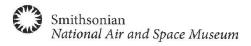
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Print Name: _	Amy McCornick	11 2.
Address:	301 Stephenson Dr. West Melbourne, F	-L3290-
Email address	301 Stephenson Dr. West Melbourne, F jaegerdoggy @ hotmail.com Telephone: (321)960-06	71
Signature:(	Uffice Date: 10 June 2013	)
	( )	

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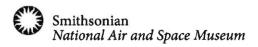
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Print Name: Natalie MCCormick	1000000
Address: 301 Stephenson Drive, West Melbourne, FL 32904	
Email address: Jaegerdagg y (Com Telephone: (321) (100-0(41)	

Signature: Date: 06 |

### **Privacy Notice**



I, Anno Mc (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.

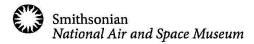
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Print Name: Anna McGrath
Address: 1801 Colvert St NW #504, Washington D.C. 20000
Email address: <u>ANN3McGr3th00ggmzil</u> Telephone: <u>978-732-9033</u>
Signature:

### **Privacy Notice**



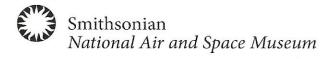
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Print Name:	Les 120		
	- 6	p & Falls chel VA	7
Address: <u>SST</u>	Deninny	pd tollechel VI	1204
Email address:	C pvs. 07 (Telephone	0 11 **	• ,
Signature:	Date:	6/18/13	
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# Privacy Notice



recording or my name, likeness, voice, statements, or image.

#### FILM AND VIDEO RELEASE FORM

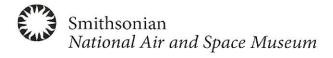
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Print Name:	Luk	a fe	Redito		7.100 com - 21.200 - 11.000 (10.00 (1		3.5
Address:	1890	N.	ontario	circh	Melbourne	, FC	32435
Email address:	Linla.	RLit	· egmal	<u>-८⊶</u> Telephon	e: (121) 566-	573	Ö
Signature:	Lih	116	1	Date:	6/7/13	05-100-02-0400-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	

# **Privacy Notice**



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Print Name: Harshit Saini

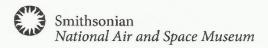
Address: 7745 Whistler St, W. Melbourne, Fl

Email address: Swnnysgini 09@y Telephone: 321-507-5105

Signature: 748...

Date: 6/7/13

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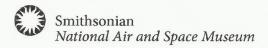
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Print Name:	RAKES	H St	1/11/			
Address:	2745	Whist	ler St	West	Melbairre	Pinady
Email addres	s:	5	Telephone	: 32/	4095547	
Signature:	Net	alul.	Date:	6/20/	12013	

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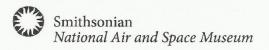
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Print Name: REENA SA	#101
Address: 2745 Whistler	St, West Melbourne Pl 32904
Email address:	Telephone: 321 409 5547
Signature: Reena Saini	Date: 6/20/20/3

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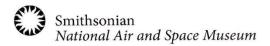
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In granting this permission, and in consideration of the opportunity to attend the program, I agree to release and hold harmless the Smithsonian, its regents, agents, and employees from any and all claims, actions, and demands of whatsoever nature, 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: ROHAN SAI	NI
Address: 2745 Whistler	St, West Melbourne fl 32903
Email address:	Telephone: 321 4095547
Signature: July.	Date: 6/20/2013

### **Privacy Notice**



I, <u>Dennis</u> Skinner (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.

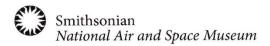
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name: Dennis Skinner						
Address: 1935 Bethel Rd Finksburg MD 21048						
Email address: <u>NKSkinner Clonicust net</u> Telephone: 443 8544927						
Signature: <u>Reniffmis</u> Date: (2003						

### **Privacy Notice**



I, Heather Skinner (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.

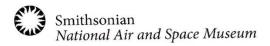
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name: Heather Skinner
Address: 1935 Bethel Rd Finksburg MO 21048
Email address: <u>OKSKinner &amp; Concast net</u> Telephone: 443 854 492)
Signature: Sens flimer Date: 6/20/20/3

# **Privacy Notice**



I, Justin Skinner (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.

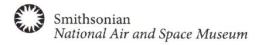
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name:	Justin	n Skinn	ien				
Address:	1935	Bethel	Rd	Finksburg	MD	21048	
Email address: OKSKinner Clomast reference: 443 854 4927							
Signature:			Date: _	/ /			

## **Privacy Notice**



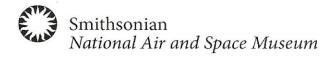
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name:	HaoTro	₹V		
Address:		Wathan		
Email address:	hastran 13	egmail. Com Telephone:	817	5053837
Signature:	120	Date:	6/14/	2013

## **Privacy Notice**



I, <u>Janguarethya Vardhan</u> (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.

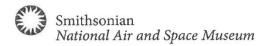
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name: Sangamithna Vavolhan
Address: 3941 Occhard Drive
Email address: Vardran Jayu mail. Telephone: 321-515-5596
Signature: 45 Ka. S. Vaedliam Date: 617/13

### **Privacy Notice**



I, SUNDAMA VARY DHAM (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.

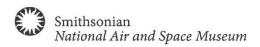
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name	SUND :	DARA VAR	DHAN				
Address: _	3941	OREHAND	Dr				
Email addr	ess: Sunda	ru.Vardhan@gr	noil-un Teleph	one:	321	-757-083	6
Signature:	Homo					12013	
					, ,		

# **Privacy Notice**



I, USHA VANDHAM (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.

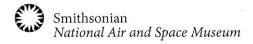
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If the subject of the photograph is a minor, this Release Form must be signed by a parent or legal guardian.

Print Name: USHA VARDHAN							
Address: 3941 ORCHARD Dn MELBOURNE, St 32940							
Email address: Vardhan what amai Helephone: 321-751-0836							
Signature: Yordhan us ha Date: 06/21/2013							

# **Privacy Notice**



I, Rebecca Zaroki (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: Rebecca Zgorski	
Address: GOO S. Clyde Morris Blod #143494	
Email address: Rebecca · Zgorski @ Telephone: 443 - 398 - 4905  Spece Frontier · Org  Signature: A. Lydi Date: G/17/2013	

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