



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP CONFERENCE JULY 2-3, 2015

I, EARL W BRIEGER III "TEN" (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 3808 EMMET DRIVE SPIE, PA 14511

Email address: Brieger001@gannon.edu

Telephone: 814-898-1936

Signature: Earl W Brieger III

Date: 6-9-15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP CONFERENCE JULY 2-3, 2015

I, JANE BRIEGER (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 3808 Emmet Dr. Erie PA 16511

Email address: Brieger062@gmail.com

Telephone: 814-898-1936

Signature: Jane Brieger

Date: 6-9-15

	Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)	
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Release Coordinator for Event/Photographer/Time:	



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP Conference July 2015

I, Brian Brewer (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

JULIE BRIGER - parent

Address: 3808 ZIMMER DR. 14511

Email address: Brieger002@gmail.com

Telephone: 882-5782

Signature: Julie Briger

Date: 6-1-15

Office Use Only
<p>Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Release Coordinator for Event/Photographer/Time:</p> <p>_____</p>



PHOTOGRAPHY RELEASE FORM

Event Name and Date: JSEP CONFERENCE JULY 2-3, 2015

I, BRIEGET BRIEGER (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

JULIE BRIEGER - PARENT

Address: 3808 ENNET DR ERIE, PA 16511

Email address: BRIEGEX002@gmail.com

Telephone: 814-898-1936

Signature: Julie Brieger

Date: 6-8-15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: JSERP CONFERENCE JULY 2-3, 2015

I, LAWREN BRIEGER (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

JULIE BRIEGER-PARENT

Address: 3808 EMMET DR STATE, PA 16511

Email address: BRIEGER002@GMAIL.COM

Telephone: 814-898-1936

Signature: Julie Brieger

Date: 6-8-15

	Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)	
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Release Coordinator for Event/Photographer/Time:	



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP CONFERENCE JULY 2-3, 2015

I, MARCUS BRIEGER (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

JULIE BRIEGER - PARENT

Address: 3808 EMMET DR. ERIE, PA 16511

Email address: brieger002@gmail.com

Telephone: 814-898-1936

Signature: Julie Brieger

Date: 6-8-15

Identifying Features:	Office Use Only
(Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)	

Release Coordinator for Event/Photographer/Time:	



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP CONFERENCE @ JULY 2-3, 2015

I, MICHAEL BRIEGER (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

JULIE BRIEGER - PARENT

Address: 3808 EMMET DR. GRIE, PA 16511

Email address: Brieger002@gmail.com

Telephone: 814-898-1936

Signature: Julie Brieger

Date: 6-8-15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP CONFERENCE JULY 2-3, 2015

I, DANIEL BRIEGER (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

JULIE BRIEGER - PARENT

Address: 3808 EMMETT OR. SPR, PA 16511

Email address: bniegerv002@gmail.com

Telephone: 814-898-1936

Signature: Julie Brieger

Date: 6-8-15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference July 2015

I, Jay Spring (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 3623 South St. Erie PA 16510

Email address: heidispring@outlook.com

Telephone: (814) 812-0961

Signature: Jay Spring

Date: 6-7-15

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Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)	
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Release Coordinator for Event/Photographer/Time:	



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference July 2015

I, Heidi Spring (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 3623 South St. Erie PA 16510

Email address: heidi.spring@outlook.com

Telephone: (814) 899-0153 (814) 812-0975

Signature: Heidi Spring

Date: 6-7-15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference July 2015

I, JARED SPRING (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Heidi Spring

Address: 3023 South St. Erie PA 16510

Email address: heidispring@outlook.com

Telephone: (814) 812-0975 or (814) 899-0153

Signature: Heidi Spring

Date: 6-7-15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: _____

I, JADON Spring (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Heidi Spring

Address: 3623 South St. Erie PA 16510

Email address: heidispring@outlook.com

Telephone: (814) 812-0975

Signature: Heidi Spring

Date: 5-20-15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
<u>Age 11</u>
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference July 2015

I, Tammie Burton (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 2912 E 28th St Erie PA 16510

Email address: mgdchie4@aol.com

Telephone: 814 440-4032

Signature: Tammie Burton

Date: 6/2/15

	Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)	
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Release Coordinator for Event/Photographer/Time:	



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference July 2015

I, Tamara Burton (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Tammie Burton

Address: 2912 E 28th St

Email address: mgdchic4@aol.com

Telephone: 814 440-4032

Signature: Tammie Burton

Date: 6/2/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference July 2015

I, Alexis Burton (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Tammie Burton

Address: 2912 E 28th St Erie PA 16510

Email address: mgdchic4@aol.com

Telephone: 814 440-4032

Signature: Tammie Burton

Date: 6/2/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference July 2015

I, Stephanie Manson (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 2912 E 28th St

Email address: _____

Telephone: 814-440-5491

Signature: Stephanie Manson

Date: 6-2-15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference July 2015

I, Scott Schnars (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 640 Rankine Ave Erie PA 16511

Email address: Scott.schnars@gmail.com

Telephone: 814 923-3160

Signature: [Handwritten Signature]

Date: 6/8/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
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Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference July 2015

I, Jeanette Schraas (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 640 Rankin Ave Erie PA 16511

Email address: jeanette@regsci.consort.com

Telephone: 814 490-3267

Signature: Jeanette Schraas

Date: 6/8/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference 2015

I, Morgan Schnars (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Scott Schnars

Address: 1040 Rankine Ave Erie PA

Email address: scott.schnars@gmail.com

Telephone: (814) 923-3100

Signature: [Handwritten Signature]

Date: 5/20/15

Office Use Only
<p>Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)</p> <hr/> <hr/> <hr/>
<p>Release Coordinator for Event/Photographer/Time:</p>



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP NATIONAL CONFERENCE 2015

I, Merielle Schnars (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

SCOTT SCHNARS

Address: 640 Rankine Ave Erie PA 16571

Email address: Scott.schnars@gmail.com

Telephone: 814 923-3160

Signature: [Handwritten Signature]

Date: 6/8/15

Office Use Only

Identifying Features:

(Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

6 yr old female

Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference 2015 July

I, Marisa Schwars (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Scott Schnars

Address: 640 Rankine Ave Eric PA 16511

Email address: Scott.schnars@gmail.com

Telephone: 814 923-3160

Signature: [Handwritten Signature]

Date: 6/8/15

Office Use Only
<p>Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)</p> <p><u>10 yr old female</u></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Release Coordinator for Event/Photographer/Time:</p> <p>_____</p>



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP 2015 Conference

I, Bernard George (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 125 Cranch Ave. Erie PA 16511

Email address: aging_storm@yahoo.com

Telephone: 814-528-4978

Signature: [Handwritten Signature]

Date: 6/11/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP 2015 Conference

I, Katherine J. Dunn (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 1112 West 37th

Email address: N/A

Telephone: (814) 566-6684

Signature: Katherine J. Dunn

Date: 5-30-15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference 2015

I, Aalisha Bowersox (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Mary Mitchell-Parent

Address: 2202 1/2 East Lake Rd

Email address: aalisha2008@gmail.com

Telephone: 814 566-7533

Signature: Mary Mitchell

Date: 5/20/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time:



Smithsonian
National Air and Space Museum

PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Convention July 2015

I, Keith A Moore (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 2109 WATER ST ERIE PA 16510

Email address: julsdmoore@hotmail.com

Telephone: (814) 566-4129

Signature: Keith A Moore

Date: 5/20/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Convention July 2015

I, Julie D Moore (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 2109 WATER ST Erie PA 16520

Email address: julsdmoore@hotmail.com

Telephone: (814) 566-0694

Signature: Julie D Moore

Date: 5/20/15

Office Use Only
<p>Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Release Coordinator for Event/Photographer/Time:</p> <p>_____</p>



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Conference 2015

I, MacKenzie Moore (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Julie D Moore

Address: 210A WATER ST ERIE PA 16510

Email address: julsdmoore@hotmail.com

Telephone: (814) 566-0694

Signature: Julie D Moore

Date: 5/19/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Convention July 2015

I, Gabrielle R Moore (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Julie D Moore - mother

Address: 2109 WATER ST ERIE PA 16510

Email address: julsdmoore@hotmail.com

Telephone: (814) 566-0694

Signature: Julie D Moore

Date: 5/28/15

Office Use Only

Identifying Features:

(Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP 2015 Conference

I, Jennifer Foutz (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 1390 Lee Road, Waterford, PA 16441

Email address: JFoutz@Iroquois.ius.org

Telephone: 814.431.3031

Signature: Jennifer Foutz

Date: 6/11/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP 2015 Conference

I, Brett Fultz (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 1390 Lee Road, Waterford, PA 16441

Email address: BrettFultz@yahoo.com

Telephone: 814.431.3030

Signature: [Handwritten Signature]

Date: 6/11/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP 2015 Conference

I, Addison Foutz (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Jennifer Foutz

Address: 1390 Lee Road, Waterford, PA 16441

Email address: JFoutz@iroquois.ius.org

Telephone: 814.431.3031

Signature: Jennifer Foutz

Date: 6/1/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP 2015 Conference

I, Bailee Foutz (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Jennifer Foutz

Address: 1390 Lee Road, Waterford, PA 16441

Email address: JFoutz@iroquois.ius.org

Telephone: 814 431 3031

Signature: Jennifer Foutz

Date: 6/11/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP Conference July 2015

I, Shannon Glennon (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Address: 10522 Bennett Road Erie, PA 16570

Email address: shanglen@velocity.net

Telephone: (814) 218-7950

Signature: Shannon K Glennon

Date: 6/4/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP Conference July 2015

I, Lily Glennon (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Shannon Glennon - mother of Lily Glennon

Address: 10522 Bennett Road Erie, PA 16510

Email address: shanglen@velocity.net

Telephone: (814) 218-7950

Signature: Shannon K Glennon

Date: 6/4/15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)
Release Coordinator for Event/Photographer/Time:



PHOTOGRAPHY RELEASE FORM

Event Name and Date: SSEP National Con. 7/2015

I, Scott Peterman (name of person being photographed), understand that I am being photographed in connection with a National Air and Space Museum event.

I give the Smithsonian Institution, its employees, licensees and authorized representatives, permission to photograph me and to use and reproduce my photograph(s), name and identification for standard museum purposes including, but not limited to the Smithsonian's exhibitions, promotion, publicity, website, archives, research, publications and other educational materials and presentations. This permission is irrevocable and royalty-free. I waive any right to inspect or approve the photograph in connection with the Smithsonian's uses as authorized in this release. I have read and fully understand this release form, and warrant that either I or my parent/legal guardian is over 18 years of age.

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

Print name (if different from above)

Scott Peterman

Address: 5028 Markwood Dr.

Email address: SPeterman13@~~ms~~gmail.com

Telephone: 814-881-5516

Signature: [Handwritten Signature]

Date: 5.29.15

Office Use Only
Identifying Features: (Helpful details include: design on shirt, unusually colored clothing, approximate age of children, etc.)

Release Coordinator for Event/Photographer/Time: