Media Release Form

NASA Media Release Form for Adults
(Do not use for people under the age of 18)

Event name or description (reason for text, photographs, and/or video-recordings):

] Following the cloud density between the two specific areas (Bish - Bish Village)

Event date(s):

2025/1/27 2025/1/28 2025/1/29

Brief description of photographs and/or video-recordings (if known):

Photography of cloud conditions

Name of photographer or videographer (if known):

Lorena Al Qadi-aljawharat Al MSH

I, the undersigned, hereby give permission to be interviewed, photographed, and/or video-recorded by NASA or its representatives in connection with a NASA production.

I understand and agree that the text, photographs, and/or video-recordings thereof containing my name, likeness, and voice, including transcripts thereof, may be used in the production of instructional and promotional materials and for other purposes that NASA deems appropriate, and that such materials may be distributed to the public and displayed publicly one or more times and in different formats, including but not limited to websites, cablecasting, broadcasting, and other forms of transmission to the public. I also understand that this permission to use the text, photographs, video-recordings, and names in such material is not limited in time and that I will not receive any compensation for granting this permission.

I understand that NASA has no obligation to use my name, likeness, or voice in the materials it produces, but if NASA so decides to use them, I acknowledge that it may edit such materials. I hereby waive the right to inspect or approve any such use, either in advance or following distribution or display.

I hereby unconditionally release NASA and its representatives from any and all claims and domains arising out of the activities authorized under the terms of this agreement.

By signing below, I represent that I am of legal age, have full legal capacity, and agree that I will not revoke or deny this agreement at any time.

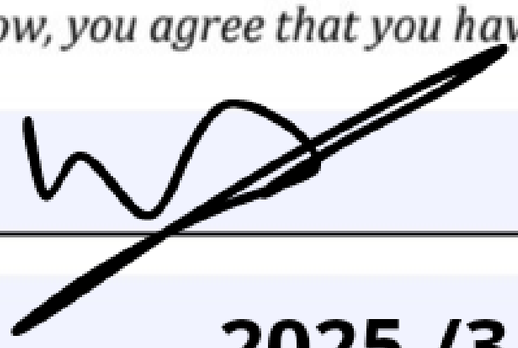
NASA Media Release Form for Adults
(continued)

Name (First and Last):

Lorena_Mohammed Al Qadi

Signature:

By signing your name below, you agree that you have read the foregoing and fully understand its contents.



Today's Date: 2025 /3/5

Address:

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