



Media Release Form

NASA Media Release Form for Parent or Guardian of Minor

Event name or description (reason for media release, for example, IVSS, student symposium, Stars Story or GLOBE News Item, GLOBE Annual Meeting):

Student Symposium

Event date(s):

1/30/2006

I, the undersigned, am the parent or legal guardian or legal representative of the child named below, and I do hereby give permission for this minor child (hereinafter "Minor") 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 the Minor's name, image, and voice, including transcripts thereof, may be used in the production of instructional and promotional materials produced by or on behalf of NASA 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 my permission to use the text, photographs, video-recordings, or name in such material is for an unlimited duration and that neither I nor the Minor will receive any compensation for granting this permission.

I acknowledge that NASA has no obligation to use the Minor's name, image, 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 demands arising out of the activities authorized under the terms of this agreement.

By signing below, I represent that I am at least 18 years of age and am the parent / legal guardian / legal representative of the Minor named below. I have read the foregoing agreement and am familiar with all the terms and conditions thereof, and I consent to the execution by the Minor. I agree that neither I nor the Minor will revoke or disaffirm this agreement at any time.

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(continued)

Name of Minor (First and Last):

Elizabeth Frantz

Name of Parent / Legal Guardian / Legal Representative of Minor (First and Last):

Steve Frantz

Signature of Parent / Legal Guardian / Legal Representative of Minor:

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

Steve Frantz

Relationship to Minor: Father

Today's Date: 4/29/2016

Contact Information for Parent / Legal Guardian / Legal Representative of Minor:

Address: 546 S. Summit St

Smithville OH 44677

Telephone: 330-317-4916

Email Address: sfrantz721@hotmail.com