



NASA Media Release for Parent and Minor

I, Marjan Hecželj, am the parent/guardian/legal representative of
(Please print your name)
Monika Hecželj and do hereby give permission
(Please print name of child)

for the above-named minor child (hereinafter "Minor") to be interviewed, photographed and/or videotaped by NASA or its representatives. I understand and agree that the text, photographs, and/or videotapes containing the words, image and/or voice of the Minor may be used in the production of instructional and/or promotional materials produced by or on behalf of NASA (hereinafter the "Program") and that such materials may be distributed or broadcast to the public and displayed publicly. I also understand that my permission to use the text, photographs and videotapes is for an unlimited duration and that neither I nor the Minor will receive any compensation for granting this permission or for the use, if any, by NASA of the Minor's words, image and/or voice.

I acknowledge that NASA has no obligation to use the Minor's words, image or voice in connection with the Program.

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/guardian/legal representative of the above-named Minor. I have read the foregoing agreement and am familiar with all of the terms and conditions thereof and I consent to its execution by the Minor. I agree that neither I nor the Minor will revoke or disaffirm the this agreement at any time.

Signature of Parent/Guardian/Legal Representative of Minor: M.H.

Relationship to Minor: _____ Date: _____

Signature of Minor: Monika H.

Name and Location of Event: Medicinoka škola A. Kuzmanića Zadar, Croatia

Address: Ulica dr. Franje Tuđmana 241G

Telephone: _____

Email: _____



NASA Media Release for Parent and Minor

I, IVANA KLAPAN
(Please print your name)

, am the parent/guardian/legal representative of

MARTA KLAPAN
(Please print name of child)

and do hereby give permission

for the above-named minor child (hereinafter "Minor") to be interviewed, photographed and/or videotaped by NASA or its representatives. I understand and agree that the text, photographs, and/or videotapes containing the words, image and/or voice of the Minor may be used in the production of instructional and/or promotional materials produced by or on behalf of NASA (hereinafter the "Program") and that such materials may be distributed or broadcast to the public and displayed publicly. I also understand that my permission to use the text, photographs and videotapes is for an unlimited duration and that neither I nor the Minor will receive any compensation for granting this permission or for the use, if any, by NASA of the Minor's words, image and/or voice.

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

Relationship to Minor: _____ Date: _____

Signature of Minor: Marta Klapan

Name and Location of Event: MEDICINSKA Š. A. KUZMANIĆA ZADAR, CROATIA

Address: ULICA dr. FRANE TUĐMANA 24/G

Telephone: 021 311 111

Email: _____



NASA Media Release for Parent and Minor

I, SANDRA TABULIC JOVANOVSKI, am the parent/guardian/legal representative of
(Please print your name)

ANGELA JOVANOVSKI and do hereby give permission
(Please print name of child)

for the above-named minor child (hereinafter "Minor") to be interviewed, photographed and/or videotaped by NASA or its representatives. I understand and agree that the text, photographs, and/or videotapes containing the words, image and/or voice of the Minor may be used in the production of instructional and/or promotional materials produced by or on behalf of NASA (hereinafter the "Program") and that such materials may be distributed or broadcast to the public and displayed publicly. I also understand that my permission to use the text, photographs and videotapes is for an unlimited duration and that neither I nor the Minor will receive any compensation for granting this permission or for the use, if any, by NASA of the Minor's words, image and/or voice.

I acknowledge that NASA has no obligation to use the Minor's words, image or voice in connection with the Program.

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/guardian/legal representative of the above-named Minor. I have read the foregoing agreement and am familiar with all of the terms and conditions thereof and I consent to its execution by the Minor. I agree that neither I nor the Minor will revoke or disaffirm the this agreement at any time.

Signature of Parent/Guardian/Legal Representative of Minor: S.F. Jovanovski

Relationship to Minor: Mother of the Minor Date: 05.03.2024

Signature of Minor: [Signature]

Name and Location of Event: MEDICINSKA ŠKOLA ANTE KUZMANICA ZNOAR, CROATIA

Address: Ulica Dr. Franje Tuđmana 24/G

Telephone: 095 565 3098

Email: angela.jovanovski9@gmail.com