

## NASA Media Release for Parent and Minor I, Harjan Heuzelj, am the parent/guardian/legal representative of

(Please print your n		
Honika		and do hereby give permission
(Please print name	of child)	
videotaped by NASA and/or videotapes of production of instru (hereinafter the "Pro and displayed public videotapes is for an	or its representatives. I understand on taining the words, image and/or vectional and/or promotional materials gram") and that such materials may cly. I also understand that my perminulimited duration and that neither I	be distributed or broadcast to the public ssion to use the text, photographs and
I acknowledge that I connection with the	NASA has no obligation to use the M Program.	inor's words, image or voice in
	nally release NASA and its represent t of the activities authorized under th	
representative of the with all of the terms	above-named Minor. I have read th	of age and am the parent/guardian/legal te foregoing agreement and am familiar at to its execution by the Minor. I agree his agreement at any time.
Signature of Parent/	Guardian/Legal Representative of M	inor: U.U
Relationship to Mind	or:	Date:
Signature of Minor:	Honika M.	
Name and Location	of Event: Medicinoka Ekola	A. Kezmanióa Ladar, Croatio
Address: Vica	dr. Franje Tutmana 241	4
Telephone:	THE RESERVE TO THE PARTY OF THE	
Email:		



NASA Media Release for Parent and Minor	
NASA Media Release for Parent and (Please print your name), am the parent/guardian/leg	acontative of
"AVANA Line Hayardian/les	gal representation
(Please print your name), am the parent/guardian/les	mission
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oc print -	
for the above-named minor child (hereinafter "Minor") to be interviewed, p and/or videotaped by NASA or its representatives. I understand and agree that the production of instructional and/or promotional materials produced by or of the interviewed or and displayed publicly. I also understand that my permission to use the to compensation for granting this permission or for the use, if any, by NASA image and/or voice.	broadcast to the public ext, photographs and
I acknowledge that NASA has no obligation to use the Minor's words, ima connection with the Program.	
I hereby unconditionally release NASA and its representatives from any a demands arising out of the activities authorized under the terms of this ag	and all claims and greement.
By signing below, I represent that I am at least 18 years of age and am the representative of the above-named Minor. I have read the foregoing agre with all of the terms and conditions thereof and I consent to its execution that neither I nor the Minor will revoke or disaffirm the this agreement at a	by the Minor. I agree
Signature of Parent/Guardian/Legal Representative of Minor:	Capun
Relationship to Minor:	Date:
Signature of Minor: Martallopan	
Name and Location of Event: MEDICINSKA S. A. KUZMANIĆA	ZADAR CROATIA
Address: <u>ULICA</u> dr. FRAME TUDMANA 24/6	
Telephone:	
Email:	



ANGELL JOURNOUSKI (Please print name of child)

## NASA Media Release for Parent and Minor

and do hereby give permission

(Please print your name) , am the parent/guardian/legal representative of

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 videotapes is for an unlimited duration and that my permission to use the text, photographs and compensation for granting this permission or for the use, if any, by NASA of the Minor's words,
I acknowledge that NASA has no obligation to use the Minor's words, image or voice in
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. John William
Signature of Minor: Mother of the Hinor Date: 05.03, 2024
Name and Location of Event: MEDICINSICA SKOLA MITE KUZHANICA ZWAR CROATI
Address: Ulica Dr. Franje Tudmana 24/6
Telephone: 095 565 3098
Email: _ angela javanovský 9(2) amail com