

NASA Media Release for Parent and Minor

I, ~~Hadi Buss~~ Lina Elachi, am the parent/guardian/legal representative of
(Please print your name)
Hadi Buss 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: *Lina Elachi*

Relationship to Minor: Mother

Date: 3/4/24

Signature of Minor: *Hadi*

Name and Location of Event: GLOBE IVSS

Address: 5648 N Charlesworth

Telephone: (313)-510-5039

Email: elachi1979@gmail.com

MEDIA RELEASE

Please Provide a Brief Description of the Image(s): _____

I hereby grant permission to the University Corporation for Atmospheric Research, a Colorado non-profit corporation ("UCAR"), to use, publish, make derivative works, and reproduce the Image(s) for any lawful purpose related to UCAR's research, academic and research mission, in perpetuity and in any and all mediums.

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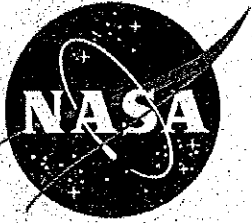
Signature: _____

Printed Name: _____

Email Address: _____

Address: _____

Date: _____



NASA Media Release for Parent and Minor

I, Amal Harp, am the parent/guardian/legal representative of
(Please print your name)
Maher Harp 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: Amal Harp

Relationship to Minor: Mother Date: 4 March 2024

Signature of Minor: Maher Harp

Name and Location of Event: GLOBE NEWS

Address: 1767 N Evangeline St.

Telephone: (313) 580-6424

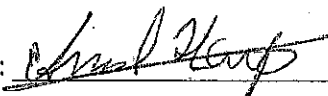
Email: aah003@gmail.com

MEDIA RELEASE

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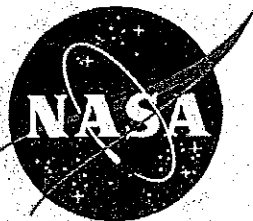
Signature: 

Printed Name: Anil Harp

Email Address: aa.h0003@ucar.edu

Address: 1767 N. Evangeline St.

Date: 6 March 2024



NASA Media Release for Parent and Minor

I, Abir Akil, am the parent/guardian/legal representative of
(Please print your name)
Hala Kornaiha 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: Abir Akil

Relationship to Minor: Mother Date: 2/5/23

Signature of Minor: Hala Kornaiha

Name and Location of Event: IVSS

Address: 27206 Rochelle Street

Telephone: (313) 989-2987

Email: aakil@csdmi.org

MEDIA RELEASE

Please Provide a Brief Description of the Image(s): Images in research paper

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Signature: Abir Akil

Printed Name: Abir Akil

Email Address: aakil@csdmi.org

Address: 27206 Rochelle Street

Date: 3/6/24