

### NASA Media Release for Parent and Minor

I, Long Clacke, am the parent/guardian/leg	al representative of
(Please print your name)    Control   Control	by give permission
for the above-named minor child (hereinafter "Minor") to be interviewed, phy videotaped by NASA or its representatives. I understand and agree that the and/or videotapes containing the words, image and/or voice of the Minor maproduction of instructional and/or promotional materials produced by or on (hereinafter the "Program") and that such materials may be distributed or be and displayed publicly. I also understand that my permission to use the text videotapes is for an unlimited duration and that neither I nor the Minor will recompensation for granting this permission or for the use, if any, by NASA of image and/or voice.	text, photographs, ay be used in the behalf of NASA roadcast to the publi tt, photographs and receive any
I acknowledge that NASA has no obligation to use the Minor's words, image connection with the Program.	e or voice in
I hereby unconditionally release NASA and its representatives from any and demands arising out of the activities authorized under the terms of this agree	
By signing below, I represent that I am at least 18 years of age and am the prepresentative of the above-named Minor. I have read the foregoing agreem with all of the terms and conditions thereof and I consent to its execution by that neither I nor the Minor will revoke or disaffirm the this agreement at any	nent and am familiar y the Minor. I agree
	Malia
Signature of Parent/Guardian/Legal Representative of Minor:	2 July
Relationship to Minor: Mother	Date: 5/4/24
Signature of Minor:	
Name and Location of Event: (500) 15 4-V55	
Address: 5648 N (harlosworth	
Telephone: (313)-610-6089	
Email: Clachi 1979@ gmail. Com	

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Signature:	
Printed Name: Lina Clach?	
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Address: 6648 11 Charlesworth	
Date: 3/6/24	



# NASA Media Release for Parent and Minor

I, AMA HARP (Please print your name)	, am the parent/guardian/legal representative of
Maker Harry	
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videotaped by NASA or its representatives, and/or videotapes containing the words, in production of instructional and/or promotio (hereinafter the "Program") and that such rand displayed publicly. I also understand to videotapes is for an unlimited duration and	er "Minor") to be interviewed, photographed and/or I understand and agree that the text, photographs, hage and/or voice of the Minor may be used in the conal materials produced by or on behalf of NASA materials may be distributed or broadcast to the public that my permission to use the text, photographs and that neither I nor the Minor will receive any or for the use, if any, by NASA of the Minor's words,
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representative of the above-named Minor.	east 18 years of age and am the parent/guardian/legal I have read the foregoing agreement and am familiar and I consent to its execution by the Minor. I agree Isaffirm the this agreement at any time.
Signature of Parent/Guardian/Legal Repres	antative of Minory Agent Ha
Relationship to Minor: Mother	
Signature of Minor: Melastica	Date: 4 March 2021
Name and Location of Event: 610 BP	TVS
Address: 1767 N Evangeling St.	
Telephone: (313)580 - 6424	
Email: 4ah (1)03 agmilion	

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Signature: Mul Horf			
Printed Name: Anal Harp			
Email Address: aah 8003 agancil	Con	·	
Address: 1767 N Evangeline St.			
Date: 6 March 2024	•	•	. I <sup>MT</sup>



## NASA Media Release for Parent and Minor

1, 1 1011. 1 \Vert	, am the parent/guardian/legal representative of
(Please print your name)	
Hala Komaiha	나는 사람이 나는 이번 경험을 받는 그리고 있다는 사람이다.
(Please print name of child)	and do hereby give permission
(riodes pineriams of sindy	민준이들은 사람이 하는 사람들이 없는 일 때문에 나를 다
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I acknowledge that NASA has no obligate connection with the Program.	ition to use the Minor's words, image or voice in
	and its representatives from any and all claims and ithorized under the terms of this agreement.
representative of the above-named Mind with all of the terms and conditions ther	at least 18 years of age and am the parent/guardian/lega or. I have read the foregoing agreement and am familia reof and I consent to its execution by the Minor. I agree or disaffirm the this agreement at any time.
Signature of Parent/Guardian/Legal Rep	presentative of Minor: 1017 / 1217
Relationship to Minor: Mother	Date: 2/5/23
111	7
Signature of Minor: Hall MMMAN	the Hamman desire desired in the Control of the Con
Name and Location of Event: TVSC	
0.00	
	treet
Telephone: (313) 989 - 2987	
Email: achil acsomi, org	

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Date: 3/6/24		• .	