

NASA Media Release for Parent and Minor

I,, am the parent/guardian/legal representative of
(Please print your name)
(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,
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:
Relationship to Minor: Date:
Signature of Minor:
Name and Location of Event:
Address:
Telephone:

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.
I warrant that I am the copyright holder of the Image(s) described above, or that I have permission from the copyright holder of the Image(s). I further warrant that I have authority to grant the permission requested in this Media Release. (If the individual submitting the Image(s) is a minor, this Media Release should be signed by a parent or legal guardian).
Signature:
Printed Name:
Email Address:
Address:
Date:



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		and do hereby give permission
(PI	lease print name of child)	

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Signature of Parent/Guardian/Legal Repre	esentative of Minor:
Relationship to Minor:	Date:
Signature of Minor:	avar
Name and Location of Event:	VSS
Address:	n-Ib
Telephone:	8911511
Email:	

MEDIA RELEASE

Please Provide a Brief Description of the Image(s):	ent measure nH of wh
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Signature:	odulla Mullah Sale	
Printed Name:	1234512@gmail	
Email Address: _	4317(0.1111411	
Address:		
Date:		