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, 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 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: ________________________________

Email: ________________________________