**STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photo/Video Release Form**

\_\_\_\_\_\_I hereby grant NASA and others acting in their behalf (SDE, DCI, BSU, et al), the right to use my written statements and/or record my voice and/or photograph using audio, photographic, and video techniques and to use these recordings or statements in the making of training productions, public information productions, and any other productions intended for official NASA business.  I hereby waive all rights of any nature in such recording(s) and the exhibition thereof.  It is understood that this grant includes the right to use, reproduce, distribute, and exhibit such statements photographic, video, or audio productions in any and all media throughout the world without limitation, and to authorize others to do so.  It is further understood that this grant is provided at no cost to the government and that no compensation of any kind shall be due or expected.

\_\_\_\_\_\_I do not grant NASA and others acting in their behalf (SDE, DCI, BSU, et al), the right to use my written statements, voice and /or photograph in any medium of communications, such as promotional material, motion pictures, television tapes, audiovisual works and sound recording to publicize NASA programs for any educational, instructional, or scholarly purposes.

|  |
| --- |
| Signature (If under 18, requires signature of Parent or Guardian)  |
| Printed Name (If under 18, requires signature of Parent or Guardian)  |
| Date  |

(Student Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to participate in ISAS activities.  To the best of my knowledge, my child is physically able to participate in ISAS activities.

I understand that ISAS is not financially responsible for any accident, or the injuries, losses or damages which may result there from, if such accident involved the above-named student and occurs while such student is participating in ISAS Academy activities.

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Full Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Cell or Work phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISAS staff has permission to take my child to the emergency room if required. I also give permission for emergency transport if needed.

\*\*Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please let us know if there are any health conditions that we should be aware of.