Talent Authorization and Release

I hereby grant to the National Aeronautics and Space Administration (NASA) and others acting on its behalf, the right to record my person and voice using audio, photographic, video, or other such techniques; to include my name, likeness, voice and biographical material in connection with these recordings; to use, reproduce, distribute, and exhibit such recordings in any and all media throughout the world without limitation; and to authorize others to do so, for any purpose which NASA and those acting pursuant to its authority, deem appropriate.

I hereby waive all rights of any nature in such recording(s) and the exhibition thereof. It is understood that this grant is provided at no cost to the Government and that no compensation of any kind shall be due or expected.

Signed:

[Signature]

Printed Name: Jacob V. Hudson Jr.

Student Launch Team: Hawaii - Windward Community College

If a minor, signature of parent or guardian:

[Signature]

Date:

Witness:
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Signed: [Signature]

Printed Name: Premitivo Ames II

Student Launch Team: Hawaii - Windward Community College

If a minor, signature of parent or guardian:

________________________________________

Date: ________________________________

Witness: ______________________________
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Signed: [Signature]

Printed Name: Todd R. Esposito

Student Launch Team: Hawaii - Windward Community College

If a minor, signature of parent or guardian:

________________________________________

Date: _________________________________

Witness: _______________________________
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Signed: [Signature]

Printed Name: Patrick Lancaster

Student Launch Team: Hawaii - Windward Community College

If a minor, signature of parent or guardian:

________________________________________

Date:

Witness: [Signature]
Talent Authorization and Release

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Signed:

打印名： Joleen Iwaniec

学生发射队： Hawaii - Windward Community College

如果为未成年人，父或监护人签名：

日期：

见证人：
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Signed:

[Signature]

Printed Name:

Liz Iwaniec

Student Launch Team: Hawaii - Windward Community College

If a minor, signature of parent or guardian:

________________________________________

Date:____________________________________

Witness:__________________________________