



NASA Media Release for Parent and Minor

I, Fakira Ali Al.Bulushi, am the parent/guardian/legal representative of  
(Please print your name)

Amna Haitham Al.Bulushi and do hereby give permission  
(Please print name of child)

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: [Signature]

Relationship to Minor: mother Date: \_\_\_\_\_

Signature of Minor: [Signature]

Name and Location of Event: Virtual Science Symposium

Address: Oman, Al.Stargia, Ibra, ALSuPabk

Telephone: 92576518

Email: Fakhera.a.albulushi@mae.om



NASA Media Release for Parent and Minor

I, Raiya Nasser Al-Muslaki, am the parent/guardian/legal representative of  
(Please print your name)

Genan Anwar Al-Maskary and do hereby give permission  
(Please print name of child)

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Signature of Parent/Guardian/Legal Representative of Minor: AR

Relationship to Minor: mother Date: \_\_\_\_\_

Signature of Minor: Genan

Name and Location of Event: Virtual Science Symposium

Address: Oman, Alsharqia, Ibra, Alyahmadi

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