



181 Pendleton Drive | Winchester, VA 22602 | (540) 686-4964 | www.dodstarbase.org

TEACHER/CHAPERONE INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Check One (and complete as indicated):

_____ Teacher Years of Service: _____ Subject(s) currently teaching: _____

_____ School Administrator: Years of Service: _____

_____ Parent

_____ Other _____

EMERGENCY INFORMATION

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

NOTICE and RELEASE OF LIABILITY AND MEDIA RELEASE

In the event of an accident illness or injury, and the person above cannot be reached, I hereby give STARBASE personnel permission to take action as deemed in my best interest.

I hereby grant permission for me to participate in the **STARBASE** Program and its affiliated activities, including permission for photography and videotaping for promotional purposes. I hereby waive any monetary or other rights that I may have to inspect and/or to approve the finished product of the advertising copy that may be used in connection with the use to which it may be applied. I hereby consent to the release of said portraits, pictures, or videotapes, to other broadcast media, such as non-governmental television, cable, or radio stations. I further assign to the said organizations all right and title and interest in the above-described videotape recording or photographs for any further use in the area of motion pictures videotapes, publicity pictures, etc. I understand and agree that said organizations might maintain videotape recordings, photographs, etc. for training purposes and archives. I understand this program is an educational experience with hands-on activities, teamwork and building of self-confidence. This program also entails visits to military work areas around heavy equipment and other military items. I take full responsibility for any damage that might occur to government/STARBASE property caused by myself. I agree not to hold the US Government, Virginia Department of Military, Veterans Affairs, Virginia National Guard, National Guard, The Winchester STARBASE Academy, sponsoring agencies, any staff or representatives liable in any way for mishaps, which could occur due to the nature of the activity, in which I am engaged or should injury/death or disability result from participation in STARBASE. I, therefore, agree to assume any and all risk for my being involved in the STARBASE program and other activities related directly or indirectly to it. I further understand that I may ask any and all questions prior to signing this consent form.

Teacher/Chaperone Signature: _____ Date: _____
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