



Parental/Guardian Consent and Emergency Contact Form

Student Name: _____ Grade: ____ Age: ____
(please print)

Parent(s)/Guardian(s) Name: (print) _____

Are either Parent(s)/Guardian(s) Retired from the U.S. Military? Circle: Yes or No

Address: _____, ND _____
(Street) (City) (Zip Code)

Home Phone: (____) _____ Work Phone: (____) _____

Email: _____

School: _____ Teacher's Name: _____

Has your child attended STARBASE in the past: _____ When: _____

Are there any health problems that we should be aware of? If so, please list them and any precautions that should be take in case of illness or accident (if necessary, continue explaining on the reverse side of this consent form): _____

Emergency Contact: (print) _____ Phone #: (____) _____

Relation to student: _____ Remarks: _____

Statement of Understanding and Hold Harmless Agreement

- Statement of Understanding and Waiver of Liability.** STARBASE is designed to be a fun, hands-on learning situation involving activities such as supervised model rocket launches, computer work, and tours of aircraft and other work areas. The program is completely voluntary, and no student is required to participate by STARBASE staff or school personnel. I agree to not hold STARBASE North Dakota, its sponsoring agencies, and/or STARBASE North Dakota staff or representatives liable in anyway for mishaps that may occur due to the nature of the activities in which my child is engaged. In the event of an accident, illness, or injury, and the person(s) listed above cannot be reached; I hereby give STARBASE North Dakota personnel permission to act as deemed necessary in the best interest of my child. I also understand that the STARBASE North Dakota staff reserves the right to terminate the participation of any student when it is deemed in the best interest of either the student or STARBASE North Dakota. Further, I take full responsibility for any damage caused by my child.
- Media/Photo/Video Release.** I grant the right of STARBASE NORTH DAKOTA on Minot AFB, to use any photographs, videos, or interviews taken to promote the STARBASE program. **STUDENT NAMES WILL NEVER BE ASSOCIATED WITH ANY PICTURES POSTED ON SOCIAL MEDIA BY STARBASE ND.**

I certify that I have read, understand, and agree with the above statements in paragraphs 1 and 2.

Parent(s)/Guardian(s) Name: (print) _____

Signature: _____ Date: _____

If you have any questions, please contact the STARBASE North Dakota Director, Jon Dawson

@ 701-727-3439 or via email: jon.dawson@minot.k12.nd.us

For more information about the program, please go to the website:
<https://www.starbasenorthdakota.com> or <https://www.dodstarbase.org>