

# STUDENT PERMISSION FORM

Student's Name \_\_\_\_\_

## Release of Liability

I hereby grant my permission for the above named student to participate in the STARBASE program and its affiliated activities, including permission for photography and video taping for promotional purposes.

I understand this program is an educational experience with hands-on activities, teamwork, and building of self-confidence. I further understand that I may ask any and all questions prior to signing this consent form.

I, therefore, agree to assume any and all risk for above-mentioned individual to be involved in the STARBASE program and other activities related directly or indirectly to it.

In case of emergency, I authorize STARBASE and/or accompanying chaperone to obtain medical aid for the above named student, if they deem necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Signature is required. Unsigned applications will not be accepted.

## HOLD HARMLESS AGREEMENT

PLEASE NOTE: THIS STATEMENT FOLLOWING IS LEGAL AND BINDING. DO NOT LATER MODIFY IN ANY WAY

In the event of an accident, illness or injury, and the persons on the Student Permission Form cannot be reached; I hereby give STARBASE personnel permission to take action as deemed necessary in the best interest of my child.

Furthermore, I take full responsibility for any damage that might occur to government/STARBASE property caused by my child. I understand this program is designed for "hands-on" activities, teamwork, and self-confidence. I agree not to hold the U.S. Government, South Carolina Military Department, The South Carolina National Guard, STARBASE sponsoring agencies, and/or its staff or representatives liable in any way for mishaps which could occur due to the nature of the activity in which my child is engaged. I also understand that the STARBASE staff reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either the child, or the STARBASE Program, as determined by the STARBASE staff.

Parent/ Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature is required. Unsigned applications will not be accepted.

School: \_\_\_\_\_