



STARBASE Minnesota Duluth Summer Program Chaperone Release Form



Adult Chaperone Information:

Name: _____ Email: _____

Organization Name: _____ Phone Number: _____

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

Emergency Information:

Emergency Contact Name: _____ Relationship to Chaperone: _____

Cell Phone: _____ Other Phone: Circle: Home/Work: _____

Insurance Carrier: _____ Policy #: _____

Chaperone Release of Liability:

This release of liability is made by the undersigned, as a chaperone/ volunteer adult participant in the STARBASE Program (hereinafter collectively referred to as "Applicant"), for the purpose of releasing the United States government, State of Minnesota, the Minnesota National Guard, the Minnesota Duluth STARBASE Academy, its officers, employees and agents, STARBASE Minnesota staff or volunteers supporting the program or participating school district or partner organization (all collectively referred to hereafter as "STARBASE") from any and all liabilities in exchange for participation does hereby state:

WHEREAS, the said applicant desires the use of services, grounds, facilities and/or equipment for participation in the STARBASE Program does hereby state that: In consideration of the mutual, advantages, benefits and purpose to be achieved thereby; the use of said grounds, facility or equipment for the purpose and activities described is hereby approved, conditioned upon the applicant releasing STARBASE and its agents, servants, employees, soldiers and airmen of and from any and all claims, demands, actions, causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by any person or property arising out of the described activity or any other activities relating thereto conducted by Applicant or en route to or from these activities. The undersigned Applicant understands and agrees that there are certain risks attendant to these activities by signing this agreement expressly authorizes possible travel to and from the various activities in Minnesota National Guard vehicles. The Applicant hereby expressly and voluntarily assumes all risks and hazards of injury or death and damage to his or her property resulting from participation in the program to the full extent allowable under federal and state law. In the event of accident or injury, or other medical emergency, STARBASE is authorized to make emergency medical decisions on behalf of Applicant and to release STARBASE from liability for same. I understand that my liability for property damage and personal injuries caused by me is the same as I am subject to during normal operating hours and activities at my school or organization. Applicant understands the above terms and conditions and acknowledges that it has carefully read the above statement and willingly complies with the terms and conditions thereof, understanding that it voluntarily assumes all risks and hazards of injury to Applicant resulting from participation in the described activities.

Applicant Signature: _____ Applicant Printed Name: _____ Date: _____

Photographic Release:

I hereby authorize the United States government, State of Minnesota, the Minnesota National Guard, the Minnesota Duluth STARBASE Academy, its officers, employees and agents, STARBASE Minnesota staff or volunteers supporting the program or participating school district or partner organization and state governmental entities and corporations working in conjunction therewith (collectively referred to hereinafter as "STARBASE") to utilize photographs or video of me for promotional purposes including their use on social media. I hereby waive any monetary or other rights that I might have to inspect and/or approve the finished product of the advertising, promotional or news copy and consent to its use in whatever way STARBASE deems appropriate. I hereby consent to the release of said photographs to broadcast and print media such as non-governmental newspapers and publications, television, cable or radio stations. I understand that the all rights and title to the released information shall remain with STARBASE or the recipient.

Applicant Signature: _____ Applicant Printed Name: _____ Date: _____