



STUDENT APPLICATION

A signature is **REQUIRED** in 2 places. Students may not attend STARBASE unless both sections of the form are signed.

GENERAL INFORMATION:

Student Name: _____ Parent Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Parent Home Phone: () _____ Parent Work Phone: () _____

STARBASE occasionally offers special programs (i.e. STEM Night events, etc.) for STARBASE graduates. If you would like to receive notification about these opportunities, please provide a valid email address. NOTE: We DO NOT share your email address or other personal information with outside entities.

Email Address (Optional): _____

EMERGENCY INFORMATION:

Emergency Contact Name: _____ Relationship to Student: _____

Home Phone: () _____ Work Phone: () _____ Other Phone: () _____

Please list any medical conditions (including allergies, illnesses, or use of prescription medication) or other issues of which a chaperone should be aware:

RELEASE OF LIABILITY:

This release of liability made by the undersigned, a parent or guardian of a potential participant in the STARBASE Program (hereinafter collectively referred to as "Applicant"), for the purpose of releasing the West Virginia Military Authority, State of West Virginia, the United States Department of Defense, the WV STARBASE Academy and any other federal or state governmental entities or corporate sponsors thereof (all collectively referred to hereafter as "West Virginia National Guard") from any and all liabilities in exchange for participation does hereby state:

WHEREAS, the said student desires the use of services, grounds, facilities and/or equipment of the West Virginia National Guard 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 the West Virginia National Guard 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 applicant understands and agrees that there are certain risks attendant to these activities and by signing this agreement expressly authorizes travel to and from the various activities in West Virginia National Guard vehicles. The applicant individually and on behalf of the minor child hereby expressly and voluntarily assumes all risks and hazards of injury to the minor child and 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, injury, or other medical emergency, the West Virginia National Guard is authorized to make emergency medical decisions on behalf of Applicant and to release the West Virginia National Guard from liability for same. I understand that my liability for property damage and personal injuries caused by my child is the same as I am subject to during normal school hours and activities at my child's school. 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.

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Parent / Guardian Signature (REQUIRED)

Parent / Guardian Printed Name

Date

PHOTOGRAPHIC RELEASE:

I hereby authorize the West Virginia Military Authority, State of West Virginia, the United States Department of Defense, the STARBASE Program and other federal and state governmental entities and corporations working in conjunction therewith (collectively referred to hereinafter as "West Virginia National Guard") to utilize photographs of my child for promotional purposes. 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 the West Virginia National Guard 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 the West Virginia National Guard or the recipient.

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Parent / Guardian Signature (REQUIRED)

Parent / Guardian Printed Name

Date