

Teacher & Volunteer Permission Form

Statement of Understanding & Hold Harmless Agreement

I acknowledge that I, _____ will participate in STARBASE Wisconsin Academy activities.

I take full responsibility for any damage that might occur to government and/or STARBASE Wisconsin property caused by me. I understand this program is designed for “hands-on” activities, visits to military work areas, and to interest students in Science, Technology, Engineering, and Math (STEM) content areas.

I agree not to hold the U.S. Government, the state of Wisconsin, the Wisconsin National Guard, and 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 I may engage in.

In case of a medical emergency, I grant permission to be transported to the hospital by ambulance. I will be picked up there by a responsible adult.

I also understand that STARBASE Wisconsin reserves the right to terminate my participation when it is deemed to be in the best interest of either the students or the program as determined by the STARBASE Wisconsin team.

Signature: _____ *Date:* _____

Permission for Photo Publication & Photo Release Form

At STARBASE Wisconsin it is our practice when preparing work for external publications, video tapes, and publicity, to seek permission before including your photo or image. In order to include your photo or image in any STARBASE Wisconsin project, we must have your signed permission. Please fill in your name and sign below if you wish to grant us permission to include your photo or image and return it to STARBASE Wisconsin.

Participants Name: _____

I hereby **grant** permission for my photo or image to appear in a photograph, video or digital imagery that will be used by STARBASE Wisconsin. STARBASE Wisconsin will hold any and all rights to include these images, in any format or media, and to grant permission for its use in outside publications.

Signature: _____ *Date:* _____