



Teacher/Chaperone Application

School: _____ Teacher: _____

125th Fighter Wing - 14300 FANG Drive – Jacksonville, FL 32218 – Phone (904) 741-7320

sb.florida@dodstarbase.org

*****PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION. TEACHERS MAY NOT ATTEND STARBASE UNLESS FORM IS SIGNED*****

Teacher/Chaperone Information:

Name: _____ Email: _____

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

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Information:

Emergency Contact Name: _____ Relationship to Teacher/Chaperone: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Insurance Carrier: _____ Policy #: _____

Teacher/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 State of Florida, the Florida National Guard, or STARBASE Florida, Inc. the United States Department of Defense, and any other federal or state governmental entities or corporate sponsors thereof (all collectively referred to hereafter as "Florida National Guard") 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 of the Florida 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 Florida 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 undersigned Applicant understands and agrees that there are certain risks attendant to these activities by signing this agreement expressly authorizes travel to and from the various activities in Florida 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, the Florida National Guard is authorized to make emergency medical decisions on behalf of Applicant and to release the Florida National Guard 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 school hours and activities at my 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.

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

Photographic Release:

I hereby authorize the State of Florida, the Florida National Guard, or STARBASE Florida, Inc. the United States Department of Defense and other federal and state governmental entities and corporations working in conjunction therewith (collectively referred to hereinafter as "Florida National Guard") to utilize photographs of me 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 Florida 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 Florida National Guard or the recipient.

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