

STARBASE Swamp Fox
McEntire Joint National Guard Base
1325 South Carolina Road, Stop 39
Eastover, SC 29044

tel 803-647-8126
fax 803-647-8125
www.scstarbase.com

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 videotaping 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.



Parental Consent & Emergency Health Form

Please **print** requested information in blue or black ink on and return to STARBASE Swamp Fox as soon as possible.

Email: starbaseswampfox@gmail.com

Child's Name: _____

National Guard / SC Mil. Dept. / Active Associate Sponsor:

Name _____ Unit _____

Parent/Guardian Name: _____

Address: _____, SC _____
Street City Zip

Home Phone: (____) _____ Work Phone: (____) _____

Are there any health problems we should be aware of? Is so, please list them and any precautions that should be taken:

Health Insurance Company: _____ Policy Number: _____

Medicaid ID (optional): _____

If there are specific instructions you would like us to follow in the case of illness or accident please provide this here (use back if necessary):

In the case of emergency, notify:

Name: _____ Contact Phone: (____) _____

Relation to child: _____

I authorize the following people to pick my child up from camp:

Name: _____ Relation _____

Name: _____ Relation _____

I UNDERSTAND THAT MY CHILD MAY BE TRANSPORTED BY MILITARY AND/OR SCMD BUS

DATE _____

PARENT'S SIGNATURE