

# 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.