

# STUDENT APPLICATION

PLEASE PRINT CLEARLY  
COMPLETE BOTH SIDES



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Student's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_\_

## Emergency Information:

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

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

In case of an emergency, I authorize STARBASE WRIGHT-PATT and/or accompanying chaperone to obtain medical aid for my child or ward, if they deem necessary. I agree the cost of such medical care is my responsibility or that of my child's health insurer.

\_\_\_\_\_  
Parent/Guardian Signature (REQUIRED)

\_\_\_\_\_  
Date

# Release of Liability

United States Air Force, Wright-Patterson AFB, Ohio

This release of liability is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, a parent or guardian of a potential participant in the STARBASE WRIGHT-PATT Program”), for the purpose of releasing Wright-Patterson Air Force Base, the United States Air Force, the United States Department of Defense, the STARBASE WRIGHT-PATT Program, the Wright-Patterson AFB Educational Outreach Program and other federal and state governmental entities and corporations working in conjunction therewith (collectively referred to hereinafter as “STARBASE WRIGHT-PATT”) from any and all liabilities in exchange for participation does hereby state:

WHEREAS, the said \_\_\_\_\_ (Student’s Name) (hereinafter referred to as “Applicant”) desires the use of services, grounds, facilities and/or equipment of STARBASE WRIGHT-PATT 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 STARBASE WRIGHT-PATT 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 in route to or from these activities.

The undersigned 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 STARBASE WRIGHT-PATT vehicles. The Applicant, individually and on behalf of the minor child, 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, the STARBASE WRIGHT-PATT is authorized to make emergency medical decisions on behalf of Applicant and to release the STARBASE WRIGHT-PATT 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.

Parent/Guardian Signature (**REQUIRED**): \_\_\_\_\_ Date \_\_\_\_\_

# Public Relations Release

United States Air Force, Wright-Patterson AFB, Ohio

I hereby authorize Wright-Patterson Air Force Base, the United States Air Force, the United States Department of Defense, the STARBASE WRIGHT-PATT Program, the Wright-Patterson AFB Educational Outreach Program and other federal and state governmental entities and corporations working in conjunction therewith (collectively referred to hereinafter as “STARBASE WRIGHT-PATT” to photograph and videotape 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 STARBASE WRIGHT-PATT deems appropriate. I hereby consent to the release of said portraits, pictures, videotapes, or motion pictures to broadcast and print media such as non-governmental newspapers and publications, television, cable or radio stations. I understand that all rights and title to the released information shall remain with the STARBASE WRIGHT-PATT or the recipient.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_