



Rapid City FY19

## Volunteer/Mentor Consent and Emergency Contact Form

Teacher Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_, SD \_\_\_\_\_  
Street City Zip

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

Email: \_\_\_\_\_

School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Are there any health issues we should be aware of? If so, please list them and any precautions that should be taken (use additional paper if necessary). \_\_\_\_\_

Please provide us below with any specific instructions you would like us to follow in case of illness or accident (use additional paper if necessary). \_\_\_\_\_

In case of emergency, notify: Name(s) (print) \_\_\_\_\_ Phone #s \_\_\_\_\_

### Statement of Understanding and Hold Harmless Agreement

**1. Statement of Understanding and Waiver of Liability.** STARBASE is designed to be a fun, hands-on learning situation involving activities such as supervised model rocket launches, computer work, and tours of aircraft and other work areas. The program is completely voluntary, and no individual will be required to participate by STARBASE staff or school personnel. I agree not to hold STARBASE of South Dakota Inc., its sponsoring-agencies, and/or STARBASE Rapid City/South Dakota of Black Hills Special Services Cooperative (BHSSC) staff or representatives liable in any way for mishaps which could occur due to the nature of the activity in which I am engaged. In the event of an accident, illness, or injury, and the person(s) listed above cannot be reached; I hereby give STARBASE Rapid City personnel permission to take action as deemed necessary in my best interest. I also understand that the STARBASE Rapid City staff reserves the right to terminate the participation of anyone when it is deemed in the best interest of STARBASE Rapid City. Further, I will take responsibility for any damage I caused.

**2. Media/Photo/Video Release.** I grant the right of STARBASE of South Dakota Inc./ STARBASE Rapid City/South Dakota of Black Hills Special Services Cooperative (BHSSC) to use any photographs, videos or interviews taken in conjunction with STARBASE to be used to promote the STARBASE program.

I certify that I have read, understand and agree with the above statements in paragraphs 1 and 2.

Teacher Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions please contact STARBASE Polly Unterbrunner @ 605.737.6083 or [polly@sdstarbase.org](mailto:polly@sdstarbase.org) .