



Rapid City/NOVA Honor FY23

Parental/Guardian Consent and Emergency Contact Form

Student Name: _____ Grade: ____ Age: ____ Gender: ____ Military: Y / N
(please print)

Parent(s)/Guardian(s) Name: (print) _____

Address: _____, SD _____
Street City Zip

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

Email: _____

School: _____ Teacher's Name: _____

Has your child attended STARBASE in the past?: _____ When: _____

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 _____

Relation to student: _____ Remarks: _____

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 student 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 my child is 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 the best interest of my child. I also understand that the STARBASE Rapid City staff reserves the right to terminate the participation of any student when it is deemed in the best interest of either the student or STARBASE Rapid City. Further, I will take responsibility for any damage caused by my child.

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, names, 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.

Parent/Guardian Name: (please print) _____

Signature: _____ Date: _____

If you have any questions please contact STARBASE Polly Unterbrunner @ 605.737.6083 or polly@sdstarbase.org.

Web site: www.starbasedod.com