



## AVIATION AND SPACE CAMP APPLICATION AND PERMISSION FORM

Please type or print clearly and return to your child's teacher.

Child's Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### EMERGENCY INFORMATION

Person to contact in case of an emergency \_\_\_\_\_

Emergency Telephone (     ) \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_ (if available)

Please note any medical problems (prescription drugs, illnesses, etc.) or other special issues, which a chaperone should know. \_\_\_\_\_

In case of an emergency, I authorize **STARBASE Nebraska** 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 or Guardian of Applicant

\_\_\_\_\_  
Date

STATE OF NEBRASKA  
COUNTY OF LANCASTER  
CITY OF LINCOLN

This release of liability is made this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, by \_\_\_\_\_, a parent or guardian of a potential participant in the STARBASE Nebraska Program (hereinafter collectively referred to as "Applicant"), for the purpose of releasing the Military Department State of Nebraska, the United States Department of Defense, STARBASE Nebraska, and any other federal or state governmental entities or corporate sponsors thereof (all collectively referred to hereafter as "Nebraska National Guard") from any and all liabilities in exchange for participation does hereby state:

WHEREAS, the said \_\_\_\_\_, (hereinafter referred to as "Applicant" desires the use of services, grounds, facilities and/or equipment of the Nebraska National Guard 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 the Nebraska National Guard 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 en route to or from these activities.

The undersigned Applicant 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 Nebraska National Guard vehicles. The Applicant individually and on behalf of the minor child hereby expressly and voluntarily assumes all risks and hazards of injury to the minor child and 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 Nebraska National Guard is authorized to make emergency medical decisions on behalf of Applicant and to release the Nebraska National Guard 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 or Guardian of Applicant

\_\_\_\_\_  
Date

STATE OF NEBRASKA  
COUNTY OF LANCASTER  
CITY OF LINCOLN

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Military Department State of Nebraska, the United States Department of Defense, STARBASE Nebraska, and other federal and state governmental entities and corporations working in conjunction therewith (collectively referred to hereinafter as "Nebraska National Guard") 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 Nebraska National Guard 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 the all rights and title to the released information shall remain with the Nebraska National Guard or the recipient.

\_\_\_\_\_  
Parent or Guardian of Applicant

\_\_\_\_\_  
Date

**\*\*Your child will need to bring a cold lunch each day.**