



The Winchester STARBASE Academy

TEACHER / CHAPERONE APPLICATION

Please print clearly and return to STARBASE.

Name _____

M____ F____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Email _____

Check One (and complete as indicated):

____ Teacher Years of Service: _____ Subject(s) currently teaching: _____

____ School Administrator Years of Service: _____

____ Parent

____ Other _____

Have you ever attended the Winchester STARBASE Academy previously? Yes or No

Emergency Information

Person to contact in case of an emergency _____

Emergency Telephone () _____

(Over please)



NOTICE AND RELEASE OF LIABILITY

In the event of an accident illness or injury, and the persons on the first page cannot be reached, I hereby give STARBASE personnel permission to take action as deemed in my best interest.

I hereby grant permission for me to participate in the **STARBASE** Program and its affiliated activities, including permission for photography and videotaping for promotional purposes. I hereby waive any monetary or other rights that I may have to inspect and/or to approve the finished product of the advertising copy that may be used in connection with the use to which it may be applied. I hereby consent to the release of said portraits, pictures, videotapes, or motion pictures, to other broadcast media, such as non-governmental television, cable, or radio stations. I further assign to the said organizations all right and title and interest in the above described videotape recording, motion pictures, or photographs for any further use in the area of motion pictures videotapes, publicity pictures, etc. I understand and agree that said organizations might maintain videotape recordings, photographs, etc. for training purposes and archives.

I understand this program is an educational experience with hands-on activities, teamwork and building of self-confidence. This program also entails visits to military work areas around heavy equipment and other military items. I take full responsibility for any damage that might occur to government/STARBASE property caused by myself. I agree not to hold the US Government, Virginia Department of Military, Veterans Affairs, Virginia National Guard, National Guard, The Winchester STARBASE Academy, sponsoring agencies, any staff or representatives liable in any way for mishaps, which could occur due to the nature of the activity, in which I am engaged or should injury/death or disability result from participation in STARBASE.

I understand there are inherent risks associated with entering a public facility during the time of the COVID-19 pandemic. All persons involved with the STARBASE program are required to wear masks at this time. The STARBASE program is following stringent cleaning requirements, health checks, and social distancing to minimize the risks to students, chaperones, and staff. I acknowledge and assume the risks associated with entering the Winchester Readiness Center and the STARBASE classrooms during the COVID-19 pandemic, including but not limited to contracting the COVID-19 virus.

I, therefore, agree to assume any and all risk for my being involved in the **STARBASE** program and other activities related directly or indirectly to it.

I further understand that I may ask any and all questions prior to signing this consent form.

Teacher/Chaperone's Signature

Date

Signature is required. **Unsigned applications will not be accepted.** Return this application to STARBASE on the first of attendance.