



Student Permission Form  
STARBASE 2.0 Program



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

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

Home/Cell Phone( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**STUDENT RELEASE OF LIABILITY FORM**

I hereby grant permission for the aforementioned minor to participate in the Peach State STARBASE 2.0 program. I understand that participation is voluntary, and subject to the Code of Conduct on the rear of this form. I also acknowledge that photographs and video may be used to document and promote Peach State STARBASE activities and hereby consent to use of photographs of the aforementioned minor for these non-commercial purposes, which will include an annual report to Congress, and possibly include internet website, print and video media release. I understand that as a parent/guardian of a STARBASE student, I am financially responsible for damage or loss to government property. I further give explicit and specific permission for the aforementioned minor to attend on-campus activities at the times and dates selected by the school, and on-base activities that may occur inside the Clay National Guard Center and/or Dobbins Air Reserve Base, and all the facilities there within.

I further agree not to hold the United States Government, State of Georgia, Dobbins Air Reserve Base, Clay National Guard Center, Georgia Department of Defense, its officers, employees, and agents, Peach State STARBASE, employees, teachers, officers and agents, and volunteers for the Cobb County Schools or Marietta City Schools, or other volunteers supporting the STARBASE programs liable for any reason as a result of participation in the program.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Signature is required. Unsigned applications will not be accepted.