

STARBASE-ATLANTIS

Teacher/Volunteer Emergency Contact and Release of Liability

Please type or print clearly.

Name: _____

School represented: _____

I hereby acknowledge and assert that any and all emergency contact information and medical insurance information, has been provided to officials from the above-named school, and I further hereby authorize the release of that information to agents and officials of the STARBASE-ATLANTIS program, if an emergency should arise during my participation in the program.

Release of Liability:

I understand that

STARBASE-ATLANTIS is an educational experience involving hands-on activities, teamwork, and building self-confidence. This program involves visits to military work areas around heavy equipment, aircraft, vessels, flight simulators and other military facilities. In addition to a classroom setting for instruction that is consistent with other fifth grade science classrooms, students will observe and participate in experiments and scientific demonstrations, including the construction and launching of model rockets. Use of vacuum pumps, compressed air, water, and other scientific equipment may be used during the experiments and demonstrations. I may be transported in military and/or civilian vehicles assigned to the STARBASE-ATLANTIS program.

I (Name) _____ hereby agree to participate as a teacher/volunteer in the STARBASE-ATLANTIS program and its affiliated activities.

CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

I certify that I am fully capable of participating in the Navy STARBASE-ATLANTIS program. I state that I have read the above statement on some of the possible risks in the Navy STARBASE-ATLANTIS trip, program or activity. In consideration of being allowed to participate in the STARBASE-ATLANTIS program, I agree to assume any and all risk for myself while participating in the STARBASE-ATLANTIS program and other activities related directly or indirectly to it, and I further agree to indemnify and hold harmless, and I hereby release, acquit and covenant not to sue, the United States government, its agents, employees and representatives for any and all damages, losses, personal injury or causes of action, including those incurred as a result of the negligence of the United States and any of its employees, representatives or agents or as a result of the negligence of another participant in the Navy STARBASE-ATLANTIS trip/program or activity.

I also grant my permission to be photographed and/or interviewed (still photography, video, motion picture, radio) for promotional purposes and that such photographs and/or interviews may appear in national media.

Teacher/Volunteer Signature

Date

Signature is required. Unsigned Release of Liability forms will not be accepted. Completed Teacher/Volunteer forms must be returned to STARBASE-ATLANTIS. If you have any questions regarding this document, please call or write STARBASE-ATLANTIS at:

STARBASE-ATLANTIS
NAS Whiting Field Bldg 1464
7570 USS Enterprise Street
Milton, FL 32570
Telephone: (850) 623-7516