



Visitor Information

School Affiliation:

Relation to Class:
i.e. Driver, Para

Name:

Last

First

Middle

US Citizen?(Y/N)

Home Phone:

Work Phone :

Driver's License State:

Driver's License # :

Date of Birth:

Trip Dates:

Destination: Idaho STARBASE Gowen Field, Building 207-208-209

Vehicle Make Model & Color:

I will take full responsibility for any damage that might occur to government/STARBASE property caused by my actions. Should my participation result in personal injury, I agree not to hold the US Government, National Guard and State of Idaho, its employees, DoD STARBASE personnel or agents liable in any way. I also understand that DoD STARBASE reserves the right to terminate my participation when it is deemed to be in the best interest of either the students or academy, as determined by the DoD STARBASE staff. At DoD STARBASE Idaho it is our practice when preparing work for external publications, video and publicity, to seek permission before including a participant's image. In order to include your photo in any STARBASE Idaho publication, we must have your signed permission. Participants will NOT be referred by name.

I hereby grant permission for my image to appear in a photograph, video or digital imagery that will be used by Dod STARBASE Idaho. STARBASE Idaho will hold all rights to these images.

Medical Information:

Please note any medical issues (prescription drugs, illnesses, allergies, etc.) or other special issues, which STARBASE Academy should be aware of:

Emergency Contact:

Relation:

Phone # :

In case of emergency, I authorize STARBASE and/or accompanying chaperone to obtain emergency medical care for me if they deem necessary. I agree the cost of such medical care is my responsibility.

Participant Signature: X _____

Date: _____

Sincerely,

Courtney Taylor
Director
STARBASE Idaho
(208) 801-4280
ctaylor@imd.idaho.gov