



## Gowen Field Visitor Information

School or Company Name:

Your Name:

Last First M.I. Prefix (Mr. Ms., etc.)

Role (para, driver, etc.):

Class:

Phone:

US Citizen (Y/N):

Driver's License #:

Driver's License State:

Trip Dates:

Estimated Arrival Time:

Estimated Departure Time:

Destination: DoD STARBASE Idaho, Gowen Field, Bldgs. 207, 208, & 209

Mode of Travel: District Vehicle

I will take full responsibility for any damages that may occur to any government or DoD STARBASE Idaho property caused by my actions. 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 DoD STARBASE Idaho publication, we must have your signed permission.

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

### Medical Information:

Please note any medical issues (prescription drugs, illnesses, allergies, etc.) or other special issues, which DoD STARBASE

Academy should be aware of:

Participant Signature: X

Date:

Sincerely,

Courtney Taylor

Director

STARBASE Idaho

[ctaylor@imd.idaho.gov](mailto:ctaylor@imd.idaho.gov)

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