



## Teacher / Chaperone Participation Form

Teacher/Chaperone Name: \_\_\_\_\_

School: \_\_\_\_\_ Academy Start Date: \_\_\_\_\_

I acknowledge that I am voluntarily choosing to participate in STARBASE Swamp Fox, its affiliated activities, including permission for photography and video taping for promotional purposes.

I also acknowledge that I have been informed of the risks involved in such activity. Furthermore, I agree to not hold the U.S. Government, United States National Guard STARBASE Swamp Fox personnel, agents or representatives liable in any way should injury/death or disability results from my participation in STARBASE Swamp Fox. I take full responsibility for any damage that might occur to government/STARBASE Swamp Fox property, caused by myself.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_