

**2.0 STARBASE Austin
MENTOR RELEASE FORM
2019-2020**



**Please type or print clearly and return to Emily F. Bell, STARBASE 2.0 Coordinator.
Return this form ASAP.**

Mentor's Name _____

Street Address _____ Home Phone () _____

City _____ State _____ Zip _____

School Name (Former) _____ Grade _____

Age _____ Male _____ Female _____

Ethnicity (check): White African American / Black Hispanic / Latino
 Asian American Indian / Alaska Native More Than One Race
 Hawaiian Native / Pacific Islander Prefer not to disclose

Employer _____

Street Address _____

City _____ State _____ Zip _____

Work Phone () _____ Cell Phone () _____

Email _____

EMERGENCY INFORMATION

Person to contact in case of an emergency _____

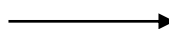
Emergency Telephone () _____

Insurance Carrier _____ Policy No. _____ (if available)

Please note any medical issues (prescription drugs, illnesses, etc.) or other special issues, which a STARBASE Staff should know.

In case of an emergency, I authorize **2.0 STARBASE** and/or accompanying chaperone to obtain medical aid for me, if they deem necessary. I agree the cost of such medical care is my responsibility.

(Over please)



RELEASE OF LIABILITY

I agree to mentor with the **2.0 STARBASE** Austin afterschool program in coordination with Del Valle ISD and Austin ISD. The various clubs meet three times a week, Monday, Tuesday and Thursday. Transportation is not provided.

In the event of an accident illness or injury, and the persons on the first page cannot be reached, I hereby give STARBASE personnel permission to take action as deemed in my best interest.

I hereby agree to participate as a mentor in the **2.0 STARBASE** Austin after-school program with Del Valle ISD, Austin ISD and its affiliated activities, including supervised use of teacher selected websites, permission for photography and videotaping for promotional purposes. I hereby waive any monetary or other rights I may have to inspect and/or to approve the finished product of the advertising copy that may be used in connection with the use to which it may be applied. I hereby consent to the release of said portraits, pictures, videotapes, or motion pictures, to other broadcast media, such as non-governmental television, cable, or radio stations. I further assign to the said organizations all right and title and interest in the above described videotape recording, motion pictures, or photographs for any further use in the area of motion pictures videotapes, publicity pictures, etc. I understand and agree that said organizations might maintain video tape recordings, photographs, etc. for training purposes and archives.

I understand that **2.0 STARBASE** after-school program is a Department of Defense (DoD) initiative mentoring club that focuses on STEM (Science Technology Engineering and Math), goal setting and team building activities. **2.0 STARBASE** is designed to enhance student engagement in STEM subjects and provide the opportunity for students to explore enrichment activities in a safe environment. I understand that I will be exposed to military officials and mentored by various professionals in the workforce. I take full responsibility for any damage that might occur to government/**2.0 STARBASE** property that I might cause. I agree not to hold the US Government, Texas Department of Military, Veterans Affairs, Texas National Guard, National Guard, Texas STARBASE, Texas STARBASE Inc., sponsoring agencies, any staff or representatives liable in any way for mishaps, which could occur due to the nature of the activity, in which I am engaged or should injury/death or disability result from participation in STARBASE. I also understand that the **2.0 STARBASE** staff reserves the right to terminate my mentor-ship when it is deemed to be in the best interest of myself or the **2.0 STARBASE** after-school program, as determined by the **2.0 STARBASE** staff.

I, therefore, agree to assume any and all risk of myself to be involved in the **STARBASE** program and other activities related directly or indirectly to it.

I further understand that I may ask any and all questions prior to signing this consent form.

Mentor's Signature _____ Date _____

Signature is required. Unsigned forms will not be accepted.

Return this application ASAP to Emily F. Bell, STARBASE 2.0 Coordinator.