



## STARBASE Montana

### Dear Families:

Your child will participate in the STARBASE Montana Science Technology Engineering and Mathematics (STEM) Program this school year. They will be taking a field trip to the Montana Army National Guard STARBASE facility located at Fort Harrison sometime during the school year. Students will get to participate in an educational experience with hands-on activities and building of self-confidence. Due to Covid-19, extra precautions include following district and military affairs protocols and extensive sanitation programs will be implemented. Students/Staff now have the option of wearing masks while at STARBASE per HPSD policy. By signing below, you agree to hold harmless STARBASE Fort Harrison, Montana Army National Guard and its members, from any and all actions, claims, and demands by reason of any damage, loss, or injury which may be sustained to your child, and arising out of, or incidental to participation in the program.

The STARBASE team will be documenting the student's scientific discoveries through photographs, videos, and possibly interviews. If you prefer NOT to have your child's image (without names attached) appear in a photograph, video or digital imagery that may be used by STARBASE for the purpose of marketing the program, please indicate on the form below.

Please provide emergency health information on the form below.

Transportation to and from Fort Harrison will be provided and coordinated by your student's school. Students will need to bring a cold lunch each day.

## Photo Release/Hold Harmless Information

Our field trip is scheduled for:

\_\_\_\_\_  
Dates

We will arrive to STARBASE at approximately 9:00 AM. We will depart STARBASE to return to school at approximately 2:00 PM.

As a student enrolled in third, fourth, or fifth grade, my child \_\_\_\_\_  
Name of student

has permission to participate in this field trip. It is understood that all school policies must be adhered to by students participating in this trip.

I prefer that images/video of my child NOT be placed on the STARBASE website or for marketing purposes.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

## Emergency Health Information

Are there any health issues that we should be aware of (medication, allergies, etc.)? If so, please list them and any precautions that should be taken. \_\_\_\_\_  
\_\_\_\_\_

In case of emergency notify: Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

In the event of an accident, illness, or injury, and the person above cannot be reached, I hereby give STARBASE Fort Harrison permission to obtain emergency medical care for my child/dependent if deemed necessary. I agree the cost of such medical care is my responsibility. INITIAL \_\_\_\_\_