



# RTMS ThunderGames 2022



## Release and Waiver

**\*\*This form is required for EACH participant registered for RTMS ThunderGames.\*\***

Date of RTMS ThunderGames is Friday, April 29th. EVENT WILL START PROMPTLY AT 5:30pm.

### IMPORTANT NOTICES:

- Waiver forms for each registered member must be returned to RTMS Front Office on or before April 1st by 4pm. Failure to complete and return waiver can result in disqualification and not being able to participate.
- ThunderGames 2022 has a start time of 5:30pm. All students are required to leave campus as usual and return at 5:30pm or at least 15 minutes prior to their assigned heat time. Heat times and other information will be given with ThunderGames swag bags the day before the event on April 28th.
- Adult representative or other pre-designated team parent will be responsible for making sure their registered team members are on time for check-in 15 minutes prior to heat time and must stay with them until they are taken to the start line.



\_\_\_\_\_ I am aware that no heat time accommodations will be made for this event. By signing up  
Parent Initial for ThunderGames, you are agreeing to be available from 5:30-8:30pm (or at least 15 minutes prior to your assigned heat time.



\_\_\_\_\_ I understand ALL team member waiver forms must be completed and are due on  
Parent Initial March 31st by 4pm or my team will not be assigned a heat time until all waivers are completed and turned in.



\_\_\_\_\_ I understand that the number of participants is limited due to time constraints of the event. Teams will be  
Parent Initial accepted on a first come first serve basis (provided that all completed forms and payment have been received).



\_\_\_\_\_ I am aware of the start time of 5:30pm for the RTMS ThunderGames and students  
Parent Initial WILL NOT be allowed to remain on campus prior to the start of the ThunderGames event. Students will need to leave school as usual and return no sooner than 5:30pm or at least (15) minutes before their heat time. **Teams arriving after their heat time will have to wait until all other teams have finished before they will be allowed to run the course.**

Parent/Guardian Name:			
Relationship to Participant:			
Email:			
Phone:			
Team Representative (Adult):			
Team Name (if applicable):			
Participant Name: (Print)		Grade:	6 7 8

# Release and Waiver



Student Initial  
(required)

I agree to conduct myself in the highest of standards and understand that any form of inappropriate behavior will not be allowed in any way and will result in immediate removal from event. I understand I am expected to follow directions and show respect and cooperation for other team members and teams or I will be removed from the event.



Parent Initial

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, release any and all rights, claims and courses of action and WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE Ronald Thornton Middle School, Ronald Thornton Middle School PTO, its affiliates, their agents, employees, officers, directors, successors and assigns, that may arise as a result of my participation in the RTMS ThunderGames and any pre and post event activities. I acknowledge that as parent/ legal guardian, I am aware and informed of the inherent risks in participating in the ThunderGames Event and that my child's participation in the ThunderGames Event is entirely voluntary.



Parent Initial

I understand the ThunderGames Event is a physical event and I am allowing my child to participate at the risk of injury. I knowingly, voluntarily and freely assume and accept all such risks, both known and unknown, even if arising from the negligence or act or omissions of the releasees, or others, and assume full responsibility and all risks for my child's participation in the ThunderGames Event.



Parent Initial

I attest and verify that my child is physically fit, free from illnesses, injuries or defects that could interfere with safe participation in the ThunderGames Event.



Parent Initial

On the date of event, my child will possess and be covered by medical/health insurance, individually or as part of an organization.



Parent Initial

In the event of injury or illness in connection with participation in the Event, I hereby release and indemnify releasees from any and all liability or claims arising out of such treatment and/or services. I further consent and agree to obtain, furnish and allow, if required, the use and disclosure of my personal health information by such providers in connection with rendering services and or treatment, and to sign any additional documents that may be requested by such providers, in connection such information or services.



Parent Initial

I irrevocably grant permission to any and all of the foregoing to use, reproduce, disseminate and distribute any and all photographs, images, motion pictures, recordings, or any other record of this event, including drone footage, for any legitimate purpose including commercial advertising and I understand that Participant will not be entitled to any compensation in connection therewith.



Parent Initial

I understand this event is a rain or shine event, however in the event of severe weather and/or lightning, the event may be cancelled. **It will not be rescheduled and there will be no refunds FOR ANY REASON.**

**I HAVE READ AND FULLY UNDERSTAND THIS WAIVER. I UNDERSTAND THAT I HAVE GIVEN UP, ON BEHALF OF MYSELF AND MY CHILD, SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.**

Emergency Contact Name (required):

Emergency Contact Phone (required):



Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_