

**Rolling Thunder Special Needs Program, Inc
Sports Registration & Release Form**

Name Date of Birth

Current address City State Zip code

() _____ () _____
Home Phone Cell Phone E-Mail

Current Employer/School Name Occupation/Academic Major

() _____ () _____
Parent/Guardian Name Home Phone Cell Phone

Address (if different)

Emergency Contact: In the event of an emergency, please list the person you would want notified.

Name Relationship

() _____ () _____
Home Phone Cell Phone

Liability Release

I, _____, would like to participate in the Rolling Thunder Special Needs Inc. (RTSNP) sports program. I acknowledge the risks and potential for risks of participating in various sports. However, I feel that the possible benefits to me are greater than the risk assumed. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against RTSNP Inc., its Board of Directors, Instructors, Therapist, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in RTSNP Inc. sports program. Furthermore, I give permission for Rolling Thunder Special Needs Program's Event Coordinators to sign my name on race applications so as to expedite the registration process.

Signature: _____ **Date:** _____

Parental Signature (if under age 18): _____ **Date:** _____

Photo Release (optional)

I hereby consent to and authorize the use and reproduction by Rolling Thunder Special Needs Program, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: _____ **Date:** _____

Parental Signature (if under age 18): _____ **Date:** _____