

Homecoming Silverquest

Parent permission

Students and parents

RHS Homecoming is coming up! This is a great way to welcome back students and get them excited about the year. One of the events that we are planning is Silverquest!

The dates for Silverquest are:

- Wednesday 3pm-10pm
- Thursday 3pm 10pm
- Friday 5am-10pm
- This is 3 days to complete as many challenges as you can.
- We will tally up scores after you submit them Friday night (latest 10pm)
- Winning team will be invited up at burning of the wolf

By signing underneath, I promise that I will not cheat or lie about Silverquest. I will use caution and be safe while completing each challenge. I also promise that I will maintain an attitude of good sportsmanship at all times and to treat others with respect. I will wear my mask in any public place. I understand that if I am not in good health, I am not allowed to participate. We, the undersigned, fully understand that participating in this activity may result in accidental injury. We will not hold Riverton High School, liable for any possible injury that may result from Silverquest

Signature _____ Date _____ Parent

Signature _____ Date _____ Student

IMPORTANT:

Return this form to Ms. Borgmeier in Room 1524 or her mailbox in the Main Office no later than 3:00 p.m. on Tuesday, September 15. For details and individual challenge items please download the app Goose Chase and click "Search for a game;" search Silverquest and then join with the code HOCO. This is where you will upload all your photos.

Team Members: Please indicate the members of your team. If your team fails to register by the deadline you will not be allowed to participate.

Player 1 : _____

Player 2: _____

Player 3: _____

Player 4 : _____

Official Rules:

- Each group must have four members.
- For each challenge you must take a picture or video with at least three members of your team in it AND your flag. Upload it onto Goose Chase.
- Keep your mask on anytime you are in a public place.
- Don't cheat or lie.
- Be safe. :)

**RIVERTON HIGH SCHOOL 2020-2021 SPORTS AND
ACTIVITIES PARTICIPANT DISCLOSURE / REGISTRATION**

Complete this form. Parent/Guardian permission and signature required to participate.

Name of School:

Name of Sport/Activity:

Name of Student Participant:

Name of Parent or Legal Guardian:

Phone: Email:

PARENT OR GUARDIAN STATEMENT OF PERMISSION, APPROVAL AND ACKNOWLEDGMENT: I the parent or legal guardian of the above-named Participant do:

Consent to Participant's voluntary participation in the Riverton High School Sports and Activities Programs for 2020-2021.

Acknowledge that 2020-2021 program participation is subject to various conditions and consent to those conditions, including but not limited to the following:

- Symptom checking of Participant and documentation and reporting of results of such symptom checking;
- Participant removal from participation if symptomatic;
- Wearing of face coverings when not on the field/performance venue;
- Social distancing measures when not competing/performing; and
- Guidelines set forth by Utah Department of Health and Salt Lake County Health Department.

LIABILITY RELEASE & INDEMNIFICATION: I hereby recognize and acknowledge that Participant's participation in 2020-2021 Programs may involve bodily and/or emotional injury to me, my family and/or Participant. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that participants and others, including myself, may be exposed to or infected by COVID-19 through participation. In consideration of Participant's voluntary participation in Riverton High 2020-2021 Programs, I, for myself, my child, my family, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify, hold harmless, release, waive, discharge and defend Riverton High School and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except those caused solely by the willful misconduct of Riverton High School employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization, or any other expenses resulting from participation in the Riverton High 2020-2021 Programs.

EMERGENCY TREATMENT: In case of an emergency involving Participant, I hereby authorize Riverton High School staff to act on my behalf in accordance with their best judgment, and I agree to assume full responsibility for all expenses, medical or otherwise.

By signing this agreement, I the parent or legal guardian of the above-named Participant acknowledge that I have read its contents, understand its contents and agree to the terms. Parent or Legal Guardian signature is required before Participant is allowed to participate.

Parent or Legal Guardian Signature

Date

Participant Signature

Date