



SCHOOL: _____

Girls on the Run Girls on Track

GOTR Registration, Health History, & Consent Form

One form per participant, completed prior to participation. Print in blue or black ink.

Participant: _____ Age: _____ Grade: _____ Birthdate ____/____/____
Last Name First Name

T-Shirt: YOUTH Sizes: Medium (Size 10-12) Large (Size 14-16) ADULT Sizes: Small Medium Large XL XXL

Parent/Guardian: _____ Day Phone: _____
Last Name First Name

Email: _____ Other Phone: _____

Address: _____
Street or PO Box City State Zip

HEALTH and EMERGENCY CONTACT INFORMATION

Does your child have health insurance? Yes No

Insurance Company: _____

Address: _____

Name of Policy Holder Relationship to Participant

Group Number Policy Number

Physician: _____
Name Phone

Dentist: _____
Name Phone

Other Emergency Contact #1 Daytime Phone

Other Emergency Contact #2 Daytime Phone

Please check ALL that apply to your child and explain below.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> recent injury, illness or infection | <input type="checkbox"/> glasses/contacts/protective eyewear | <input type="checkbox"/> heart murmur/cardiac issues | <input type="checkbox"/> Please list any medications you child takes regularly, either prescription or non-prescription:

_____ |
| <input type="checkbox"/> chronic or recurring illness/condition | <input type="checkbox"/> passed out during or after exercise | <input type="checkbox"/> dizziness and/or chest pain during or after exercise | |
| <input type="checkbox"/> was hospitalized/had surgery | <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> German measles, Measles, or Mumps | |
| <input type="checkbox"/> allergies or asthma | <input type="checkbox"/> headaches | <input type="checkbox"/> Chicken Pox or Hepatitis | |
| <input type="checkbox"/> wears orthodontic appliance | <input type="checkbox"/> skin problems or diabetes | <input type="checkbox"/> had Mononucleosis (in past 12 months) | |
| <input type="checkbox"/> suffered a head injury or seizures | <input type="checkbox"/> high blood pressure | | |
| <input type="checkbox"/> was knocked unconscious | <input type="checkbox"/> gastro-intestinal problems | | |

Explanation: _____

Permissions, Releases, and Parent/Guardian Signature

Program Consent, Release, and 5k Waiver: I am the parent/legal guardian of the Participant named above, a minor. I agree that the minor child may participate in the Girls on the Run program. The purpose of the program is to increase the minor's activity/fitness level and self-esteem while at the same time teaching life skills that will be beneficial to her as she enters middle school/adolescence. I understand that during the program, the Participant/Volunteer will be involved in outdoor physical activities. Physical reactions to exercise may include heat-related illness, abnormal heartbeats and blood pressure and, in rare instances, events such as heart attacks. While Girls on the Run takes all reasonable precautions, we can make no guarantees regarding these and other risks. Recognizing the risks of the program, and in consideration for allowing the Participant to participate in the program, I hereby release, discharge and agree to hold harmless, and to indemnify each of Girls on the Run of Vermont and Girls on the Run International, their owners, directors, officers, contributors, sponsors, employees, contractors, agents and assigns against and from any causes of action, claims, demands, damages, costs, loss of services, expenses, compensation, all consequential damages and attorneys' fees (regardless whether pursuant to the laws of any county, state or country) claimed by, through or on behalf of me or the Participant related directly or indirectly to the program (including without limitation the 5k event), and specifically including any and all claims for personal injuries sustained while participating in program activities without regard to negligence or negligent conditions.

In addition, I hereby authorize Girls on the Run of Vermont, if after a reasonable attempt has been made to reach a parent/guardian or emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Participant under the general or special supervision and on the advice of any physician or surgeon who may treat the Participant, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to the Participant by any health care professional who may treat the Participant. I agree to pay for any such treatment and to reimburse Girls on the Run of Vermont for all costs and expenses it may incur related to such treatment.

Photo Release: I hereby grant to Girls on the Run the absolute and irrevocable right and permission, in respect of the photographs and videos that have been or will be taken of the Participant or in which the Participant may be included with others, to copyright the same, in the name of Girls on the Run or otherwise; to use, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs and videos, and in conjunction with any printed matter, in any and all media now or hereafter known, and for any purpose whatsoever; and to use my name in connection therewith. I hereby release and discharge Girls on the Run from any and all claims and demands arising out of or in connection with the use of the photographs and videos, including without limitation any and all claims for libel or invasion of privacy.

Sponsor Gifts: I understand Participant may receive small gift items from our sponsors, including but not limited to Secret and Kellogg's Frosted Flakes.

Authorization: I expressly agree that this consent is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby warrant and represent that I am 18 years old or older; I have carefully read this consent and agree to its terms and conditions, that before signing this agreement I had the chance to ask questions; and I am aware that by signing this consent, I assume all risks and waive and release certain substantial rights that I and Participant may have or possess against Girls on the Run. To the extent

- The registration fee is \$70 per child and is non-refundable.
- Checks should be payable to GOTR Vermont
- Registration is on a first come, first served basis.
- No registrations will be accepted after the 4th session.
- GOTR VT scholarship request forms must be attached to this form.

I have fully read the above permissions, policies, and releases. I understand them and I expressly agree to them. I hereby certify that there are no contraindications to the Participant's participation in the Girls on the Run program. I am the parent or legal guardian of the Participant, and this permission and release is binding on me and my executor, administrators and heirs.

Signature of Parent/Guardian: _____ Date: _____