

Girls on the Run East Central Ohio Participant Registration Form

Please return this form to your school by February 28

INSTRUCTIONS: Complete/sign ALL SECTIONS.

Questions? Call: (844) 446-8779 or email DeeDee.Amentas@girlsontherun.org

Program: Girls on the Run at (school name):

PARTICIPANT INFORMATION:

Participant Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Home/Cell Email address (Parent): _____

If cell – do we have permission to text communications such as cancelations or emergency info y/n

School attending: _____ Grade in school: _____

Have you participated in GOTR before? Yes or No

Ethnicity (optional but helpful for grant funding, please select below):

White Black Hispanic Asian American Indian Other

T-shirt size (circle one):

UNISEX ADULT: S M L XL XXL YOUTH: YM YL

Shoe Size: _____

Circle all that apply: After GOTR my daughter has permission to:

1. Walk home
2. Be released to the after-school program
3. Be picked up by her Mother, Father, Sibling, Grandparent, Other:

Please provide name of person picking up: _____

GUARDIAN INFORMATION:

Mother's/Guardian's Name: _____

Work Phone: _____ Mobile Phone: _____

Mobile – do we have permission to text communications such as cancelations or emergency info y/n

Father's/Guardian's Name: _____

Work Phone: _____ Mobile Phone: _____

Mobile – do we have permission to text communications such as cancelations or emergency info y/n

EMERGENCY CONTACTS (contacted only after efforts to reach parent/guardian fail):

Contact #1: _____ Relation to Participant: _____

Work Phone: _____ Mobile Phone: _____

Contact #2: _____ Relation to Participant: _____

Work Phone: _____ Mobile Phone: _____

HEALTH HISTORY: (All information must be completed by a parent or guardian)

- Heart disease or heart problems Epilepsy or seizures Abnormal chest x-ray
 Orthopedic or muscular problems Hypertension-high blood pressure Asthma Stroke
 Diabetes or abnormal blood sugar test

Allergies: (please list any/all allergies participant has experienced):

Medications (please list any/all medications participant is currently taking):

INSURANCE INFORMATION

Is participant covered by insurance? Yes No Carrier/Plan Name: _____

Physician's Name & Phone: _____

Dentist's Name & Phone: _____

PERMISSION AND WAIVERS

GUARDIAN MUST INITIAL ALL SECTIONS AND SIGN/DATE BOTH SECTIONS BELOW

I am the parent or legal guardian of _____, a minor ("Participant"). I agree that the Participant may participate in the Girls on the Run® program. The purpose of the program is to increase the Participant's activity/fitness level and self-esteem while at the same time teaching life skills that will be beneficial to the Participant as she enters middle school/adolescence. I understand that during the program, the Participant 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 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 race), and specifically including any and all claims for personal injuries sustained while participating in program activities without regard to negligence or negligent conditions. _____ **initial here**

In addition, I hereby authorize Girls on the Run, 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 for all costs and expenses it may incur related to such treatment. _____ **initial here**

I hereby grant Girls on the Run, its National Title Sponsors, its National Sponsors, its Local Sponsors, and all assigns, licensees, successors in interest, legal representatives, employees, consultants, and those acting with permission or authority of the aforementioned parties, the absolute, irrevocable and unrestricted right to use photographs, videos likeness and audio (including without limitation all originals, negatives, prints and transparencies or any duplicates or reproductions of the foregoing) that have been or will be taken of the Participant (collectively, "Images"), 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 and hereafter known, and for any purpose whatsoever; and to use my name in connection herewith. _____ **initial here**

I hereby release and agree to hold harmless Girls on the Run and all aforementioned entities, from any damages or liability relating to or arising from any use of or modification, alteration, distortion or other change to any of the Images and/or information gathered, unless it can be proven that such reproduction were maliciously caused, produced and published for the sole purpose of subjecting Participant to conspicuous ridicule, scandal, reproach, scorn and indignity. I hereby waive any claims I may have based on any usage of the Images, information gathered, or works derived thereof, including but not limited to claims for either invasion of privacy or libel. I represent, warrant and agree that the Participant will not disaffirm or disavow this release on the ground that the Participant was a minor on the date it is executed or any similar grounds whatsoever. _____ **initial here**

I understand Participant may complete a confidential pre and post survey at the beginning and conclusion of the program. The survey measures student attitudes toward school, family, self and peers. Participant will not be asked to provide her name on her survey. The purpose of the survey is to measure any group attitudinal changes that occur because of participation in the Girls on the Run program. This survey was developed especially for Girls on the Run by Rita DeBate, PhD, University of South Florida. Registration and test information is shared with Girls on the Run International. _____ **initial here**

I understand Participant may receive antiperspirant/deodorant as gift from Secret®, a national sponsor of Girls on the Run. Secret proudly supports the Girls on the Run program in helping prepare girls for a lifetime of self-respect and healthy living. _____ **initial here**

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 permitted by applicable law, I hereby irrevocably and unconditionally waive trial by jury in any legal action or proceeding related to this agreement.
_____ **initial here**

I have fully read the above permissions and releases, 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.

Participant's Name (please print): _____

Signed by Parent or Guardian: _____

Date: _____

Girls on the Run 5K Permission and Registration

I, the undersigned, realize that running a road race is a potentially hazardous activity. I should not enter and run/ walk unless I am medically able and have trained properly for the event. I agree to abide by any decisions of a race official relative to safely completing the run/walk. I assume all risks associated in running this event including, but not limited to, falls, contact with other participants, the effects of the weather, traffic and the conditions of the road/ trail, all such risks being known and approved by my entry. I for myself and anyone entitled to act on my behalf, waive and release Girls on the Run, Run Canton Series, the City of North Canton, Walsh University, all sponsors, their representatives and successors from all claims of liability of any kind arising out of my participation in this event. I hereby grant full permission to any or all of the foregoing to use any photographs, videotapes, motion pictures, recordings, and other record of this event for any legitimate purpose.

Signature of Parent/Guardian: _____ **Date:** _____

(This form serves as the registration for your daughter in the season-ending 5K—do not register her for the 5K. More information about the 5K will be provided mid-season.)

Financial Information:

It is the policy of Girls on the Run East Central Ohio to offer our program to all participants who desire to participate, regardless of their financial status.

The full registration fee per participant is \$155. **Alliance City School** participants have been awarded Scholarship grants from the Rite Aid Foundation as well as the school district to help offset the cost to participate, eliminating all cost and barriers.

- **The Rite Aid Foundation will contribute \$120 per girl**
- **Alliance City School district will contribute the remaining \$35 per girl**