



REGISTRATION AND WAIVER



Season: _____ 20 _____

Please follow the 7 steps to register. School Name: _____

Step 1: Please complete participant's information below.

Girl Participant's Name: _____ Ethnicity: _____

Birthdate: _____ Age: _____ Teacher: _____ Grade: _____

Home Address: _____ Shoe Size: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name(s): _____

Parent/Guardian Email Address: _____

Does your child go to after-school care? Yes No Will she be picked up? Yes No

Please sign: I, _____, understand that it is important for both my daughter and her team for her to attend as many lessons as possible. On behalf of myself, my heirs, my executors, my administrators, and my assigns, I waive any and all rights and claims for damages which I may have against Girls on the Run of Maricopa County, the municipalities through which the lessons and 5k event will take place, any sponsors, or any and all others connected with the program, the race, their heirs, their executors, their administrators, their successors, and their assigns, for any and all injuries she may suffer while taking part in this program, the 5k event, or as a result thereof.

Step 2: Girls on the Run will provide each participant with a t-shirt. Please circle a t-shirt size.

T-shirt Size: Youth M L or Adult S M L XL

Step 3: Please determine the amount you need to pay for your daughter to participate in the program by using the sliding fee scale below, also provide a short summary of why this program is important to you and your daughter/dependent:

<u>Family Income</u>	<u>Fee Schedule</u>
Greater than \$50,000.00	\$150.00
\$49,999.00 - \$30,000.00	\$ 95.00
\$29,000.00 - \$20,000.00	\$ 65.00
\$19,999.00 - \$10,000.00	\$ 35.00
Less than \$9,999.00	\$ 15.00

Your fee covers the cost of (20) 1-1/2 hour uplifting lessons, GOTR t-shirt, healthy snacks after every lesson, water bottle, 5k running event registration, finisher's medal and more!

Step 4: Write checks to: Girls on the Run of Maricopa County (please write school's name on comment line).

Step 5: Complete the Health History Form and Parental/Guardian Consent:

Emergency Contacts (contacted only after efforts to reach parent/guardian fail):

Contact #1: _____ Work Phone: _____ Mobile Phone: _____

Relation to Participant: _____

Contact #2: _____ Work Phone: _____ Mobile Phone: _____

Relation to Participant: _____

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

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

General Questions (If "YES", please explain below):

QUESTION	YES	NO	QUESTION	YES	NO
1. Had any recent injury, illness or infectious disease?			16. Ever had german measles?		
2. Have a chronic or recurring illness/condition			17. Ever had hepatitis?		
3. Ever been hospitalized?			18. Ever had back problems?		
4. Ever had surgery?			19. Ever had problems with joints?		
5. Have frequent headaches?			20. Ever had chest pain during or after exercise?		
6. Ever had a head injury?			21. Have any skin problems?		
7. Ever been knocked unconscious?			22. Have diabetes?		
8. Wear glasses, contacts or protective eyewear?			23. Have asthma?		
9. Ever passed out during or after exercise?			24. Had mononucleosis in the past 12 months?		
10. Ever had frequent ear infections?			25. Had problems with		

		diarrhea/constipation?		
11. Ever been dizzy during or after exercise?			26. Ever had an eating disorder?	
12. Ever had seizures?			27. Ever had high blood pressure?	
13. Have orthodontic appliance being brought to school?			28. Ever been diagnosed with a heart murmur?	
14. Ever had emotional difficulties for which professional help was sought?			29. Ever had chicken pox?	
15. Ever had measles?			30. Ever had mumps?	
			31. Had first menstruation?	

Please explain any “yes” answers, noting the number of the questions:

Insurance Information:

Is participant covered by insurance? YES NO Carrier/Plan Name: _____

Name of Insured: _____ Group #: _____

Relationship to Participant: _____ Policy #: _____

Preferred Hospital Provider:

Physician’s Name: _____ Phone: _____

Dentist’s Name: _____ Phone: _____

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 of Maricopa County 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)

In addition, I hereby authorize Girls on the Run of Maricopa County, 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 Maricopa County for all costs and expenses it may incur related to such treatment. _____ (initial)

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. _____ (initial)

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)

I understand Participant may receive antiperspirant/deodorant as gift from Secret®, a national sponsor of Girls on The Run. I understand Participant may receive Kellogg's Frosted Flakes cereal as gift from Kellogg's, a national sponsor of Girls on the Run. Secret and Kellogg's Frosted Flakes proudly supports the Girls on The Run program in helping prepare girls for a lifetime of self-respect and healthy living. _____ (initial)

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)

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. _____ (initial)

Step 6: Sign Releases

I, _____, allow _____ to transport my daughter, _____, home to and/or from Girls on the Run®. I acknowledge that after the close of the Girls on the Run® (GOTR) session _____ is no longer acting as a representative of Girls on the Run® and solely as a community member. I release Girls on the Run® and Girls on the Run® International from all liability during this, or any, transport.

I understand that participation in the event on Saturday, April 24, 2009 is a Girls on the Run®-sanctioned event and that Girls on the Run® coaches will not be acting on behalf of Girls on the Run® at this event, but rather community members. I understand that during this event, including transportation to and from the event, Girls on the Run® coaches wish to step out of their roles as coaches and Girls on the Run® representatives and into a community member capacity. I release Girls on the Run® and Girls on the Run® International from all liability during any participation in/transportation to a GOCR-sanctioned event that occurs outside normal Girls on the Run® sessions.

Participant's Name (please print): _____ Date: _____

Signed by Parent or Guardian: _____ Date: _____

Step 7: Drop off this completed form with payment to guarantee a spot.



Girls on the Run of Maricopa County
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(602)795-6572 ph
(480)248-6608
www.gotrnc.org
Girls on the Run of Maricopa County – Registration Form