



SCHOOL: _____ o Girls on the Run o Girls on Track

GOTR Health History & Consent Form
One form per participant, completed prior to participation. Print in blue or black ink

Last Name _____ First Name _____ Season Participating _____

HEALTH and EMERGENCY CONTACT INFORMATION

Does your child have health insurance? Yes No Physician: _____
Name _____ Phone _____

Insurance Company: _____ Dentist: _____
Name _____ Phone _____

Address: _____

Name of Policy Holder _____ Relationship to Participant _____ Group Number _____ Policy Number _____

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

- recent injury, illness or infection
- chronic or recurring illness/condition
- was knocked unconscious
- frequent ear infections
- was hospitalized/had surgery
- had Mononucleosis (in past 12 months)
- glasses/contacts/protective eyewear
- passed out during or after exercise
- suffered a head injury or seizures
- Chicken Pox or Hepatitis
- German measles, Measles, Mumps
- heart murmur/cardiac issues
- dizziness and/or chest pain during or after exercise
- gastro-intestinal problems
- skin problems or diabetes
- allergies or asthma
- headaches
- high blood pressure
- wears orthodontic appliance

Explanation: _____

Please list any medications your child takes regularly, either prescription or non-prescription: _____

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®/Girls on Track® 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 the 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 county) 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 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.

Photo Release: I hereby grant 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 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® for any and all claims and demands arising out of or in connection with the use of the photographs and videos, including without limitation any 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 a 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®.

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 not 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 releases is binding on me and my executor, administrators, and heirs.

Signature of Parent/Guardian: _____ Date: _____