



Girls on the Run Hampton Roads – Program Registration



Please **PRINT CLEARLY** and fill out the form **COMPLETELY**.
A signature is required on page 3 in order for your girl to participate.

Site/School Name*:

Participant Information:

Participant Name*:		Date of Birth*:	
Participant Ethnicity/Race: (circle all that apply):		American Indian/Alaskan Native	Asian
Black/African American	Hispanic/Latino	Native Hawaiian/Pacific Islander	Multiracial
White/Caucasian	Other	I decline to state	
Participant's Grade*:			
Girl's T-shirt Size (circle one): Youth M (10-12) Youth L (14-16) Adult S Adult M Adult L Adult XL			
How many previous seasons has your girl participated in Girls on the Run?			
Home Address*:			
City:		State:	Zip:
Parent/Guardian 1 Name*:			
Primary Phone#:		Secondary Phone#:	
Parent Email Address:			
Employer Name:			
Parent/Guardian 2 Name:			
Primary Phone#:		Secondary Phone#:	
Employer Name and Address:			

How should your child be released after Girls on the Run? (Choose one)

- | | |
|--|--|
| <input type="checkbox"/> Picked up by Parent/Guardian or Authorized Individual | <input type="checkbox"/> Getting on an activity/school bus |
| <input type="checkbox"/> Attending school (AM teams only) | <input type="checkbox"/> Walking or riding a bicycle |
| <input type="checkbox"/> Attending an on-site after school program (PM teams) | <input type="checkbox"/> Other Transportation (include transportation name in list of Authorized Individuals, below) |

Authorized Individuals for pick-up. Please list all individuals authorized to pick your girls up from Girls on the Run. She will only be released to individuals on this list. **Please list yourself as well.** Add additional contacts on an attached page.

Contact	Name	Primary Phone	Alternate Phone	Relation to Participant
Authorized Individual 1				
Authorized Individual 2				
Authorized Individual 3				

***Continued**

Allergies/Medications:

Allergies (please list any/all allergies participant has experienced or write "none"):

Medications (please list any/all medications participant is currently taking or write "none"):

Any special physical or medical conditions student has (please describe or write "none"):

Emergency Contacts. Please list individuals who will be contacted only after efforts to reach parent(s)/guardian(s) fail).

Contact	Name	Primary Phone	Alternate Phone	Relation to Participant
Emergency Contact 1				
Emergency Contact 2				

Insurance Information:

Is participant covered by insurance? (Please circle one.) **Yes** **No**

Text Consent:

Girls on the Run would like to send text messages that will allow you to receive important program and 5k updates, including emergency messages prior to the 5k. Message and data rates may apply. When you receive a SMS/Text Message you can reply STOP to unsubscribe at any time. Please note, this may prevent you from receiving important notifications in the future. Girls on the Run will respect the confidentiality of information you provide pursuant to the Girls on the Run privacy policy. You can change your contact information by emailing us at any time.

I understand and agree to receive text messages from Girls on the Run. (Please circle one.) **Yes** **No**

Authorization for Credit Card/ Debit Card Use

COMPLETE THIS AUTHORIZATION - All information will remain confidential

Name on Card: _____

Billing address: _____

City: _____ State: _____ Zip _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize GOTRHR to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Cardholder – Please Sign and Date:

Signature: _____ Date: _____

Print Name: _____

***Continued**

WAIVER (Please fill out and sign)

PROGRAM PARTICIPATION

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 South Hampton Roads Communities In Schools, 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.

GIRLS ON THE RUN 5K PARTICIPATION

I am the parent or legal guardian of _____, a minor ("Participant"). I know that running a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Girls on the Run of South Hampton Roads, J&A Racing, USATF, the City of Norfolk, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the forgoing to use my photographs, motion pictures, recordings, or any record of this event for legitimate purpose.

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

In addition, I hereby authorize Girls on the Run of South Hampton Roads, 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 South Hampton Roads for all costs and expenses it may incur related to such treatment.

PHOTOGRAPH 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. Note: agreement with this is not a requirement for participation.

EVALUATION PARTICIPATION

I understand that my daughter may complete a confidential survey at the beginning and conclusion of the program. The survey assesses thoughts, feelings, and behaviors related to physical activity, self, and peers. This information will enable councils to determine whether improvements have occurred over the course of the season. No names will be included on the surveys; rather, a code number will be assigned to each girl that will only be known by council contacts. Registration and survey information is shared with Girls on the Run International.

GENERAL CONSENT INFORMATION

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.

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): _____

Parent or Guardian's Signature: _____ **Date:** _____

Girls on the Run Hampton Roads • Pembroke 2 • 287 Independence Blvd • Virginia Beach, VA 23462
757-965-9040 www.gotrhr.org