



GOTRVT, Participant Registration and Consent Form, 2017

Site Name: _____

Commitment Reminder: Girls gather as a team with volunteer coaches twice per week. Because each lesson builds upon the previous lesson, girls must be able to commit to both days per week for the entire season. With a limited number of spots on each team, please only sign your girl up if she can make this commitment.

Participant Information

ALL QUESTIONS MUST BE COMPLETED – PLEASE PRINT NEATLY

| | | | |
|--------------------|---------------------------------|--|--------|
| Girl's First Name: | Girl's Last Name: | Girl's Birthdate: | Grade: |
| School Name: | Permission to Walk Home? Yes/No | Number of Previous Seasons Participated: | |

| | | | |
|------------------------------|---------|----------------|-----------|
| Parent/Guardian #1 Name: | Home #: | Email Address: | |
| Home Address: | City: | State: | Zip: |
| Relationship to Participant: | | Work #: | Mobile #: |

| | | | |
|------------------------------|---------|----------------|-----------|
| Parent/Guardian #2 Name: | Home #: | Email Address: | |
| Home Address: | City: | State: | Zip: |
| Relationship to Participant: | | Work #: | Mobile #: |

Any custody issues we should be aware of? (please describe):

List the names of people you authorize to pick up your GOTR girl:

T-Shirt Size

Circle One T-shirt size for your GOTR Girl:

Youth Med (8-10) Youth Large (12-14) Adult Small Adult Med Adult Large Adult XL

C. Insurance Information

Is participant covered by insurance? YES No

| | |
|--------------------|------------|
| Insurance Company: | Plan Name: |
|--------------------|------------|



| | |
|------------------|------------------------------|
| Subscriber Name: | Relationship to Participant: |
| Group Number: | Policy Number: |

Emergency Contacts

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

| | | |
|--------------------------|-------------|---------------|
| Contact #1: | Work Phone: | Mobile Phone: |
| Relation to Participant: | Email: | |
| Contact #2: | Work Phone: | Mobile Phone: |
| Relation to Participant: | Email: | |

1. List all current allergies. Do these allergies require the use of an epi-pen?
2. List any/all medications/supplements the participant is currently taking, including inhalers.
3. List any emotional, physical, or medial issues the participant experiences.

E. Medical Information

Emergency Alert

As part of this registration, we will enroll you in the Hyper-Reach (www.hyper-reach.com) emergency alert service for the GOTR 5k event, as well as provide your information to the US National Emergency Alert Registry (www.usnear.org). USNEAR will act as your agent to enroll you for the local emergency alert services, if such services are available, provided by public safety agencies (e.g. police, sheriff, fire, emergency management) that cover the address you listed. **If the system is used, emergency alerts will be sent as SMS/Text messages to your mobile phone.** You will be able to recognize the sender (Girls on the Run or your local public safety agency). Messages will generally explain the nature of the emergency as well as recommended action to take. Emergency alerts provided during the Girls on the Run 5k event and by your local public safety agencies are provided free of charge. However, normal telecom carrier rates (e.g. text message or data rate charges) apply. You are solely responsible for the accuracy of information you provide. You acknowledge that neither Girls on the Run, Hyper-Reach nor USNEAR has any obligation to you other than respecting the confidentiality of your information. You are also responsible for maintaining the accuracy of your contact information. If your contact information, or other information related to your address changes, you can change it by going to www.usnear.org.

| | |
|--|---------------------------------------|
| Would you like to participate in the service? Yes/No | Please provide a mobile phone number: |
|--|---------------------------------------|

Program Fee and Financial



Financial Assistance is available for all participants who qualify for the Vermont Agency of Education's free and reduced lunch program. If your school qualifies for this program and you do not, please be honest. Financial documents may be requested. All paperwork is secure and confidential. **Please pay the registration fee as instructed by your coach team.**

| | | |
|--|---|--|
| <input type="checkbox"/> Registration Fee: \$100 | <input type="checkbox"/> Reduced Lunch Fee: \$50.00 | <input type="checkbox"/> Free Lunch Fee: \$20.00 |
| If you need financial support beyond what is listed above, please contact our office to discuss payment options. | | |
| <input type="checkbox"/> Registration fee approved by GOTR administration: \$ _____ | | |
| If you are registering more than one participant, you qualify for a Sibling Discount. | | |
| <input type="checkbox"/> \$25 off your total registration fee | | |

*Financial Aid and the Sibling Discount cannot be combined. Choose whichever offers the greatest discount.

Policies

Please initial each policy indicating that you have read and agree to the policy.

Absentee Policy: Due to the importance of group dynamics and the experiential learning process of the Girls on the Run/ Girls on Track curriculum, girls who are absent for more than four (4) practices during one season may no longer be eligible to participate in Girls on the Run/ Girls on Track. It is critically important to the efficacy of the girls' program experience that they participate in both sessions each week and parents should be informed prior to registration that girls are not allowed to attend only one session per week. _____

Positive Participant Policy: We expect that every girl will bring a positive attitude to the program and be willing to participate in the group activities. It is critical that each girl is respectful of her coaches and the other girls on the team. Ongoing negativity and disruptive behavior that significantly compromises the efficacy of the group will not be tolerated and Girls on the Run Vermont reserves the right to remove a girl from the program if the issue is unable to be resolved. On the same note, parents and guardians also agree to be respectful of the coaches and girls, or their daughter may be removed from the program. _____

Special Assistance Policy: To ensure a positive and safe environment for all, participants who require the service of an aide, or special assistance during the school day (even in part) may be asked to provide one for the GOTR/GOT sessions. _____

Non-Registered Adults and Children Policy: For liability and the safety of all involved, children and adults who are not registered with Girls on the Run Vermont may not be present or participate in the Girls on the Run or Girls on Track sessions. _____

Late Guardian Policy: Participants are expected to be picked up from Girls on the Run/Girls on Track lessons within 10 minutes of the close of the session, and ongoing tardiness will not be tolerated. On the first occurrence you are tardy in picking up your child; you will be verbally reminded of the policy. At the second time, a verbal reminder and written e-mail acknowledgement of the policy will be issued. Upon the third instance, you will be notified that your daughter may no longer be able to attend Girls on the Run/Girls on Track sessions. _____

Cancellation and Refund Policy: Girls on the Run Vermont will issue a refund for withdrawal from the program up to the start of the first session. A \$10 processing fee will be retained. No refunds will be issued after the program starts, and if a girl has been asked to leave due to a violation of any policy. _____

Waiver



I am the parent or legal guardian of the minor ("Participant") named on this registration. I agree that the Participant may participate in the Girls on the Run® Vermont program. The purpose of the program is to increase the Participant's activity/fitness level and self-esteem while at the same time teaches 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 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 GOTR 5k events), 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 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 Vermont for all costs and expenses it may incur related to such treatment.

I hereby grant Girls on the Run Vermont, Girls on the Run® International, its National Title Sponsors, its National 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 her 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.

I hereby release and agree to hold harmless Girls on the Run Vermont 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 dis affirm or disavow this release on the ground that the Participant was a minor on the date it is executed or any similar grounds whatsoever.



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 Vermont 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.

I understand Participant will receive small gift items from national, state and event sponsors during the program and at the 5k events.

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 Vermont. 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.

Guardian Signature: __

Date: __

**PLEASE PRINT
AND SIGN HERE!**

