



**Health Form and Parental/Guardian Informed Consent Form**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Allergies (please list any/all allergies Participant/Volunteer has experienced):**

\_\_\_\_\_

\_\_\_\_\_

**Medications (please list any/all medications Participant/Volunteer 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:**

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**Insurance Information:**

Is Participant/Volunteer covered by insurance? YES NO Carrier/Plan Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group #: \_\_\_\_\_

Relationship to Participant/Volunteer/Volunteer: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Preferred Hospital Provider:**

Physician’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_, a minor (“Participant/Volunteer/Volunteer”). I agree that the Participant/Volunteer may participate in the Girls on the Run program. The purpose of the program is to increase the Participant/Volunteer’s activity/fitness level and self-esteem while at the same time teaching life skills that will be beneficial to the Participant/Volunteer 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/Volunteer to participate in the program, I hereby release, discharge and agree to hold harmless, and to indemnify each of Girls on the Run Louisville 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/Volunteer 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.

In addition, I hereby authorize Girls on the Run Louisville 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/Volunteer under the general or special supervision and on the advice of any physician or surgeon who may treat the Participant/Volunteer, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to the Participant/Volunteer by any health care professional who may treat the Participant/Volunteer. I agree to pay for any such treatment and to reimburse Girls on the Run Louisville for all costs and expenses it may incur related to such treatment.

I hereby grant to Girls on the Run Louisville the absolute and irrevocable right and permission, in respect of the photographs and videos that have been or will be taken of the Participant/Volunteer or in which the Participant/Volunteer 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.

I understand Participant/Volunteer 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/Volunteer will not be asked to provide her name on her survey.

I understand Participant/Volunteer may receive antiperspirant/deodorant as gift from Secret®, a national sponsor of Girls on The Run. I understand Participant/Volunteer 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.

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/Volunteer 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/Volunteer's participation in the Girls on the Run program. I am the parent or legal guardian of the Participant/Volunteer, and this permission and release is binding on me and my executor, administrators and heirs.

Participant/Volunteer's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_