



PARENTAL/GUARDIAN CONSENT FORM

(To be signed by a parent or guardian)

Introductory Statement

You have chosen to enlist your daughter in the *Girls on the Run* program. The following information explains that program. Please read it carefully and do not hesitate to ask questions about the program or the information below.

Purpose of the Program

The purpose of the program is to increase your daughter's activity/fitness level and self-esteem while at the same time teaching life skills that will be beneficial to her as she enters high school/adulthood.

With your permission, your daughter will complete an anonymous pre and post test at the beginning of the program and at its end. Your daughter will not be asked to provide her name on her test and all group measurements will be held in the strictest confidence. The purpose of the survey is to measure any group attitudinal changes that may (or may not) occur because of your daughter's participation in the *Girls on the Run* program. A copy of the test will be gladly provided for you should you request it.

Discomforts and Risks

There exists the possibility that certain changes may occur during exercise. These changes include heat related illnesses, abnormal heartbeats and blood pressure and in rare instances events such as "heart attacks". Professional care in the selection and supervision of participants provides, but does not insure, appropriate precautions against such problems.

More Information About the Program You Should Know

Attendance is very important. Please make sure your daughter does not miss more than three times (unless they are excused absences from school) or she will not be able to finish the program and will not be able to keep her program shoes!

Girls on the Run participants are accountable for their behavior. The council director reserves the right to remove any girl from the program. Refunds and shoes will not be given to any girl who drops out or is removed from the program.

All of the coaches are volunteers. Please be respectful of their time and pick your child up promptly at the dismissal time. Your cooperation is appreciated.

Authorization

I have read this form and understand there are inherent risks associated with physical activity and recognize it is my responsibility to provide accurate and complete health history information. To the best of my knowledge there are no contraindications to my daughter's participation for the *Girls on the Run* program and the culminating 5k running event. I release Girls on the Run International, Girls on the Run of Isabella-Gratiot Counties, Girls on the Run Coaches, and all other agencies, organizations, and individuals associated with Girls on the Run of Isabella-Gratiot Counties from all debts, claims and liabilities of any kind arising out of the Girls on the Run program and 5K. I also understand that any items, lost or stolen during programming, are not the responsibility of Girls on the Run of Isabella-Gratiot Counties.

Participant's name (print please)

Parent/Guardian signature

Date



Health History Form

Name _____ Date _____
Age _____ Birthdate _____

1. Heart disease or heart problems Yes No
2. Hypertension - High blood pressure Yes No
3. Stroke Yes No
4. Diabetes or abnormal blood sugar test Yes No
5. Epilepsy or seizures Yes No
6. Abnormal chest X ray Yes No
7. Asthma Yes No
8. Orthopedic or muscular problems Yes No
9. Any other major health problems _____
10. Use of prescription drugs _____
11. Do you live with or spend a lot of time with someone who smokes cigarettes? Yes No
12. Do you have close relatives who have a history of heart disease? Yes No

Who should be contacted in case of an emergency?

Name _____ Phone _____
Name _____ Phone _____

Who is your child's pediatrician/family physician?

Name _____ Phone _____

Is the participant covered by family medical/hospital insurance? Yes No

Carrier or Plan Name _____ Group # _____

Carrier Address _____

Name of Insured _____ Relationship to Participant _____

I hereby give permission to medical personnel selected by Girls on the Run of Isabella-Gratiot Counties to provide transportation and obtain medical care for my child. In the event I cannot be reached or my emergency contact, in an emergency, I hereby give permission to the physician selected by Girls on the Run of Isabella-Gratiot Counties to secure and administer treatment, including hospitalization for the person named above.

Signature of Parent/Guardian _____ Date _____



PHOTO RELEASE AGREEMENT

I consent and give permission to you and those acting under your authority to publish, use and reproduce a photograph of my minor child, _____, in local publications (newspapers, local television news and the local Girls on the Run flyers and marketing materials). I further consent to use of the name and likeness of my child for these promotional purposes.

I waive the opportunity and right to inspect or approve any use of the photograph or any publication based on the photograph, or any use to which the article may be put.

I release Girls on the Run International, Girls on the Run of Isabella and Gratiot Counties, their sponsoring agencies, officers, directors, agents and employees, and those acting under their authority, from all debts, claims and liabilities of any kind arising out of or in connection with the use and publication of the name and photograph or the taking and use of the likeness referred to above.

Name of Parent or Guardian

Street Address

City, State, Zip Code

Date

Telephone

QUESTIONS??? Please contact Jen Crawford at 989.775.4885