



**VOLUNTEER HEALTH FORM AND INFORMED CONSENT FORM**

Council Name:
Site Location:

**Volunteer Information:**

Volunteer Name:	Date of Birth:	
Home Address:	Phone:	
City:	State:	Zip:
Email:		

**Emergency Contacts:**

Contact #1: Phone:	Work Phone:	Mobile
Relation to Volunteer:	Email:	
Contact #2: Phone:	Work Phone:	Mobile
Relation to Volunteer:	Email:	

**Allergies/Medications:**

Allergies (please list any/all allergies participant has experienced):
Medications (please list any/all medications participant 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 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 or contacts?			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 an orthodontic appliance?			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?		
32. Other?			31. Had first menstruation?		

**Please explain any "YES" answers, noting the number of the questions:**

--

**Insurance Information:**

Are you covered by Insured? <input type="checkbox"/> YES <input type="checkbox"/> NO	Carrier/Plan Name:
Name of Insured:	Group #:
Relationship to Volunteer:	Policy #:

I have fully read the permissions and releases printed on the back of this document, understand them, and I expressly agree to them. I hereby certify that there are no contraindications to my participation in the Girls on the Run program. I am the undersigned volunteer and this permission and release is binding on me and my executor, administrators and heirs.

Volunteer Name (please print):

\_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date:

\_\_\_\_\_

I, \_\_\_\_\_ ("Volunteer") agree to participate in the Girls on the Run® program as a volunteer. The purpose of the program is to increase participants' 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, I will be involved in outdoor physical activities. Physical reactions to exercise may include heat-related illness, abnormal heartbeats and blood pressure and,



## **VOLUNTEER HEALTH FORM AND INFORMED CONSENT FORM**

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 participation in the program, I hereby release, discharge and agree to hold harmless, and to indemnify each of Girls on the Run 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.

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

I hereby grant to Girls on the Run the absolute and irrevocable right and permission, in respect of the photographs, videos and audio that have been or will be taken of the Volunteer or in which the 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 I 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 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 as a Volunteer, I may receive antiperspirant/deodorant as gift from Secret®, a national sponsor of Girls on The Run. Secret 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 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.