

Girls on the Run of Puget Sound Participant Application

Participant Informat	<u>tion</u>		
Girl's Name:			
Birth Date:	Age:	Grade:	
Home Address:			
City:		State:	Zip Code:
How did you hear about	: us?		
•	please check one): 🗖 Y I Adult Large 🏻 Adult E		Youth Large (14-16) 🗖 Adult Small
Has your child participa	ted in Girls on the Run	before? ☐ Yes ☐ No. I	f yes, number of times:
-	African American 🗖 Am	nerican Indian or Alaskan	Native ☐ Asian ☐ Hispanic ☐ Pacific
		omali □ Russian □Ukra	ainian □ Chinese □ Japanese
Run. I understand that Girls o Note: Walk home permission	on the Run is not responsible is not required for program	for my program participant aft	program participant to walk home from Girls on the ter practice ends each day. Date:
By signing my name below, I a	grant permission for my prog	ram participant to go to her A	am after Girls on the Run?
Insurance Information: Is your child covered by	health insurance? Ye	es 🗖 No - Insurance Co	mpany:
Health Information: Allergies (please list all a	allergies and reactions c	hild has experienced and	I whether or not an Epi-Pen is necessary):
Medications (please list	all medications child is	currently taking includin	g need for an inhaler):
Additional behavioral or	r medical information th	nat is helpful for us to kno	ow:

Note: If use of an EpiPen or inhaler are noted above, child must have the necessary device with them during all program sessions and at the 5K in order to participate.



Parent/Guardian Information

Parent/Guardian #1 Name:	Pr	imary Phone:	
Email:	Alternate	Alternate Phone:	
Communication preference: ☐ Phone	Call □ Text □ Email		
Parent/Guardian #2 Name:	Pr	imary Phone:	
Email:	Alternate:	·	
Communication preference: Phone			
Emergency Contacts: People listed bel	ow will be contacted after efforts to	reach parent/guardians have failed.	
1. Emergency Contact Name:	Pr	imary Phone:	
Relation to Participant:	Altern	Alternate Phone:	
2. Emergency Contact Name:		Primary:	
Relation to Participant:	AI	Alternate Phone:	
Pick Up Authorization: We care about the parent/guardians who are authorized to pick up released to people on this list.			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	

Program Fee

The cost of the 10-week Girls on the Run program is \$200. To ensure the program is accessible to all girls, we offer financial aid based on a sliding scale. Girls on the Run believes a strong sense of ownership is developed when recipients of financial aid contribute toward their involvement. All applicants are asked to contribute a minimum fee of \$25.

Girls on the Run of Puget Sound will never turn any participant away based on inability to pay. If you require fee assistance beyond what our financial aid program offers, please contact Katie Glenn at Katie@girlsrun.org or call us at 206-528-2118.

Please refer to the sliding scale below to determine what is a comfortable contribution for your family.

# of family members in household	Annual Income			
2	\$0 - \$34,000	\$34,001 - \$50,999	\$51,000 – 67,999	\$68,000 +
3	\$0 - \$38,000	\$38,001 - \$56,999	\$57,000 – 75,999	\$76,000 +
4	\$0 - \$42,000	\$42,001 - \$62,999	\$63,000 – 83,999	\$84,000 +
5	\$0 - \$45,500	\$45,501 - \$68,499	\$68,500 – 90,999	\$91,000 +
6	\$0 - \$49,000	\$49,001 - \$73,499	\$73,500 – 97,999	\$98,000 +
7	\$0 - \$52,000	\$52,001 - \$77,999	\$78,000 – 103,999	\$104,000 +
8	\$0 - \$55,500	\$55,501 - \$82,999	\$83,000 – 109,999	\$111,000 +
Registration Fee	\$25	\$75	\$145	\$200



Guide for Parents, and a lifetime of confidence!	,,,,,,,,,,,
\square I am able to pay a registration fee in the amount of \$5	
\square I am able to pay the minimum fee of \$25	
☐ I would like to donate \$ to make Girls on the Run accessible for all girls.	_ in addition to my program participant's registration fee
*If you need further financial assistance, please contact	t us at 206-528-2118.
Parent/Guardian Authorization:	
Parent/Guardian Signature:	Date:
Parent/Guardian Name (please print):	

The fee includes a GOTR t-shirt, 5K registration, a finisher medal, healthy snacks, a water bottle, a Grown-up

By signing above, 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.

Medical Release: In addition, I hereby authorize Girls on the Run of Puget Sound, 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. I agree to pay for any such treatment and to reimburse Girls on the Run of Puget Sound for all costs and expenses it may incur related to such treatment.

Girls on the Run 5k Waiver: I know that running a road race or participating in an organized walking event, regardless of the distance, includes an element of risk and is potentially hazardous. The Participant should not enter and participate in the Girls on the Run 5k (hereinafter "this event") unless the Participant is medically able and properly trained. I agree to abide by any decision of an event official relative to the Participant's ability to complete this event safely, and I further agree that event officials may authorize necessary emergency treatment for the Participant. I also understand that, although adult supervision will be provided, both vehicle traffic and spectators may be present along the course, and the Participant assumes the risk of participating under such conditions. I further assume any and all other risks associated with participating in this event for the Participant including, but not limited to, illness, traveling to and from the event, falls, contact with spectators or other participants, the effects of the weather (including temperature extremes and humidity), and the surface condition of the roads and sidewalks, all such risks being understood and appreciated by me and the Participant. Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge all subsidiaries, affiliates, assigns, representatives, and successors of the foregoing: Girls on the Run of Puget Sound, Inc., and the City of Seattle, event officials, volunteers, and any and all claim or liability on the part of the persons or parties named in this waiver arising out of my participation in this event. I also understand and agree that any sponsor may subsequently



use, for publicity or promotional purposes, the Participant's name or pictures of the Participant participating in this event without liability or obligation to me or the Participant.

Photo/Video/Media Release: I give my consent for Girls on the Run of Puget Sound or its business associates (such as advertising or public relations agencies) to make, use and/or release any interviews, photographs, videos, movies or other images of the Participant created under this authorization for educational, publicity, or marketing purposes; and to use the Participant's name in connection therewith. Educational, publicity, or marketing purposes include use in or release to newspapers, radio, Web sites, video, other electronic media, print media, advertising, brochures or other material available to Girls on the Run of Puget Sound members or the general public. I understand that myself or the Participant will not be paid in any way, nor will Girls on the Run of Puget Sound, for using this material. I give consent for the Participant to be interviewed and/or photographed by a Girls on the Run of Puget Sound approved third party (such as newspaper or TV station). I understand that Girls on the Run of Puget Sound does not control the use of the Participant's interview or image by a third party (such as newspaper or TV station) and once the participant gives an interview or have her picture taken privacy laws may no longer protect it. For example, Girls on the Run of Puget Sound does not control how reporters use the information given to them in an interview.

Note: Agreement with this is not a requirement for participation.

Initial here if you do not give Girls on the Run of Puget Sound permission for photo/video/media release. Initial:		

Submit this application along with payment to the site liaison

GOTR Office Use Only
☐ Form complete
☐ Application Accepted
☐ Payment processed
☐ Entered into database