



A Girl on the Run is in everyone!

Join a GOTR team today and find out for yourself why "Girls on the Run is so much fun!"

REGISTRATION & HEALTH HISTORY

Class size is limited. Register today and SAVE! Complete this form and mail it with payment by Feb. 20 to guarantee a T-shirt to:

GOTR-Nebraska ~ 4008 South 81st Street ~ Lincoln ~ NE ~ 68506

FEE*: varies by site; call (402) 610-5355 for information **includes 5K entry*

GOTR SITE/SCHOOL:

girl's name	date of birth & age	grade
address	city	zip
parent/guardian name	e-mail contact (required)	
home phone	cell phone	work phone
t-shirt size (check one)		
<input type="checkbox"/> Child's	<input type="checkbox"/> 10-12	<input type="checkbox"/> 12-14
<input type="checkbox"/> Adult's	<input type="checkbox"/> S	<input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
		1st emergency contact & phone number
		2nd emergency contact & phone number

Check all that apply to your child and explain below

- | | |
|---|---|
| <input type="checkbox"/> recent injury, illness or infection | <input type="checkbox"/> headaches |
| <input type="checkbox"/> chronic or recurring illness/condition | <input type="checkbox"/> skin problems or diabetes |
| <input type="checkbox"/> was hospitalized/had surgery | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> allergies or asthma | <input type="checkbox"/> gastro-intestinal problems |
| <input type="checkbox"/> wears orthodontic appliance | <input type="checkbox"/> heart murmur/cardiac issues |
| <input type="checkbox"/> suffered a head injury or seizures | <input type="checkbox"/> dizziness and/or chest pain during or after exercise |
| <input type="checkbox"/> was knocked unconscious | <input type="checkbox"/> German measles, Measles or Mumps |
| <input type="checkbox"/> glasses/contacts/protective eyewear | <input type="checkbox"/> Chicken Pox or Hepatitis |
| <input type="checkbox"/> passed out during or after exercise | <input type="checkbox"/> had Mononucleosis (in past 12 months) |
| <input type="checkbox"/> frequent ear infections | |

- List any medications your child takes regularly (prescription or non-prescription):

Explanation: _____

PARENTAL CONSENT, WAIVERS & RELEASE

Program Consent, Release and 5K Waiver: I am the parent/legal guardian of the Participant named above, a minor. I agree that the minor child may participate in the Girls on the Run program. The purpose of the program is to increase the minor's activity/fitness level and self-esteem while at the same time teaching life skills that will be beneficial to her 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 to participate in the program, I hereby release, discharge and agree to hold harmless, and to indemnify each of Girls on the Run of Nebraska 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 event), 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 of Nebraska, 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 Nebraska for all costs and expenses it may incur related to such treatment. **Photo Release:** I hereby grant to Girls on the Run the absolute and irrevocable right and permission, in respect of the photographs and videos that have been or will be taken of the Participant or 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, reuse, 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. **Sponsor Gifts:** I understand Participant may receive small gift items from our sponsors, including but not limited to Secret and Kellogg's Frosted Flakes. **Authorization:** 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. **Parent/Guardian Signature:** I have fully read the above permissions, policies and releases. I 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.



parent/guardian signature

date

www.girlsontherunofnebraska.org

REGISTRATION FORM

Spring 2010

March 8—May 14

Omaha/Elkhorn-Area 5K

New Balance Girls on the Run 5K

Saturday, May 8 at Elkhorn High

Lincoln-area 5K

New Balance Girls on the Run 5K

Sunday, May 9 at Holmes Lake

Space is limited and teams fill FAST!

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