

GIRLS ON THE RUN®  
PARENTAL/GUARDIAN INFORMED CONSENT FORM

**Introductory Statement**

Thank you for choosing to enroll 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 middle school/adolescence.

**Pre- and Post-Session Evaluation**

With your permission, your daughter will complete a confidential pre and post survey at the beginning of the program and at its end. The survey measures her attitudes toward physical activity, body image, eating attitudes and self. Your daughter will not be asked to provide her name on her test. 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. This test was developed especially for GOTR by Rita Debate, PhD at UNC-Charlotte. We will gladly provide a copy of the test upon request.

**Discomforts and Risks**

Physical reactions to exercise may include heat related illnesses, abnormal heartbeats and blood pressure and, in rare instances events, such as "heart attacks." Serious health risks are rare. While GOTR takes all reasonable precautions, we can make no guarantees regarding these risks.

**Release**

During the program we occasionally take photos of the girls for use at their banquet. With your permission given herein, we may also use these photos for future brochures, publications, or in other ways to promote the program. (Photo release) With your permission given herein, we also provide registration and testing information about participants to the national office of Girls on the Run. (Registration and Testing Release) As required by our grant we request information from the school to include days expelled, or suspended and attendance records. With your permission given herein, the school may release said information to GOTR of Gaston County.

**Confidentiality**

All information submitted to GOTR of Gaston County will be kept confidential. All authorized information will be submitted to the national office of GOTR in confidential manner. Notice of Privacy Practices Statement is available upon request.

**Authorization**

I have read this form and understand there are inherent risks associated with physical activity. To the best of my knowledge there are no contraindications to my daughter's participation for the Girls on the Run program. By my signature below, I give permission for my daughter to participate in this program, including the evaluation testing, for any pictures in which she appears to be used as described above, and for the information specified above to be provided to the national office of GOTR and to GOTR of Gaston County.

I \_\_\_\_\_ consent to the provision set forth above.  
Participant's name (print please)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed by parent or guardian

\_\_\_\_\_  
Date