

Kids Run the Nation

2021 REGISTRATION

Health Form and Parental/Guardian Informed Consent Form

Instructions: ALL SECTIONS MUST be completed by an ADULT PARENT or GUARDIAN!

Child's Name: _____ **Birth Date:** ____/____/____ **Age:** _____

Home Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Grade in School: _____ **E-mail (parent):** _____

Mother's/Guardian's Name: _____ **Work Ph:** _____ **Cell Ph:** _____

Father's/Guardian's Name: _____ **Work Ph:** _____ **Cell Ph:** _____

Emergency Contacts (contacted only after efforts to reach parent/guardian fail):

Contact #1: _____ **Work Ph:** _____ **Cell Ph:** _____

Relation to Participant: _____

Contact #2: _____ **Work Ph:** _____ **Cell Ph:** _____

Relation to Participant: _____

Ethnicity (optional):

- ☐ African-American ☐ American Indian ☐ Asian
☐ Caucasian ☐ Hispanic ☐ Multi-Racial

Photo Release?

☐ Yes ☐ No

I give permission for Kids Run the Nation to photograph my child to be used in promotional materials related to Kids Run the Nation.

Name Release?

☐ Yes ☐ No

I give permission for Kids Run the Nation staff to release my child's name to the local newspaper and on the website site for listing race results.

Custody Issues?

☐ Yes ☐ No

If Yes, PLEASE provide a copy of legal documentation of custodial rights or proof of custody.

T-Shirt Size

Please Check One:

- ☐ Youth-Med ☐ Adult-Small ☐ Adult-Large
☐ Youth-Large ☐ Adult-Medium ☐ Adult-XLarge

Check-Out Options: Please list persons other than yourself
Who is allowed to check-out your child?

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Fee Schedule*

2021 Reduced Fee: \$5.00

Hero Day – Donations of Money, Books or
Coloring Books Accepted

If anyone else will be picking up your child, you MUST send a written note before the session.

Child's Name: _____ **Session:** Spring 2021

Allergies (please list any/all allergies Participant/Volunteer has experienced):

Medications (please list any/all medications Participant/Volunteer 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 or recurring 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, contacts or protective eyewear?			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 orthodontic appliance being brought to school?			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?		
			31. Had first menstruation?		

Please explain any "yes" answers, noting the number of the question(s):

Insurance Information:

Is Participant covered by insurance? ____ YES ____ NO Carrier/Plan Name: _____

Name of Insured: _____ Group #: _____

Relationship to Participant: _____ Policy #: _____

Preferred Medical Provider:

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Child's Name: _____ **Session:** Spring 2021

I am the parent or legal guardian of _____, a minor ("Participant"). I agree that the Participant may participate in the Kids Run the Nation program. The purpose of the program is to increase the Participant's 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, the Participant 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 Kids Run the Nation 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 Kids Run the Nation of SOUTHERN WEST VIRGINIA and Kids Run the Nation 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/Volunteer 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 Kids Run the Nation of SOUTHERN WEST VIRGINIA, 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 Kids Run the Nation of SOUTHERN WEST VIRGINIA for all costs and expenses it may incur related to such treatment.

I hereby grant to Kids Run the Nation 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 Kids Run The Nation 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 Kids Run the Nation 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 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 Kids Run The Nation. 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 Kids Run the Nation 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.

Signed by Parent or Guardian: _____ **Date:** _____