



**Dear Prospective Volunteer:**

Due to the nature of our program, we require all volunteers to undergo a criminal background check prior to helping at events where our girls will be present. Even if you have had a background check by your employer, our insurance still requires us to perform our own.

By completing the information below, you are giving Girls on the Run of Greater Cincinnati, Inc. permission to conduct a **criminal background** check on you. We will NOT perform any education, license, employer, credit, or other checks.

Please complete the information below and mail to:

**Girls on the Run of Greater Cincinnati, Inc.**

**3330 Erie Ave #8**

**Cincinnati OH 45208**

**OR FAX: 513-672-0552**

**AUTHORIZATION & CONSENT REQUIRED BY  
BACKGROUND CHECKING AGENCY**

During the application process and at any time during the tenure of my volunteer service with Girls on the Run of Greater Cincinnati Inc., I hereby authorize ChoicePoint Services Inc., on behalf of Girls on the Run of Greater Cincinnati, Inc. to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

\_\_\_\_\_  
Applicant Printed Name AND Signature

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

\* For identification purposes only

**GOTR Greater Cincinnati Coach Health History Form - \*\*Confidential\*\***

**Coach Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency Contacts** – Please include their relationship to you (spouse, sister, parent,...)

**Contact #1:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Contact #2:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Allergies** (please list any/all allergies you have experienced): \_\_\_\_\_

**Medications** (please list any/all medications you are currently taking): \_\_\_\_\_

**General Questions** (If “YES”, please explain below):

QUESTION	YES	NO	QUESTION	YES	NO	QUESTION	YES	NO
1. Had any recent injury, illness or infectious disease?			10. Ever been dizzy during or after exercise?			19. Had mononucleosis in the past 12 months?		
2. Have a chronic or recurring illness/condition			11. Ever had seizures?			20. Ever been diagnosed with a heart murmur?		
3. Ever been hospitalized?			12. Ever had measles?			21. Have asthma?		
4. Ever had surgery?			13. Ever had mumps?			22. Ever had chicken pox?		
5. Have frequent headaches?			14. Ever had german measles?			23. Ever had an eating disorder?		
6. Ever had a head injury?			15. Ever had hepatitis?			24. Ever had high blood pressure?		
7. Ever been knocked unconscious?			16. Ever had back problems?			25. Have diabetes?		
8. Wear glasses, contacts or protective eyewear?			17. Ever passed out or had chest pain during or after exercise?			26. Had problems with diarrhea/constipation?		
9. Ever had frequent ear infections?			18. Have any skin problems?			27. Ever had problems with joints?		

**Please explain any “yes” answers, noting the number of the questions:**

\_\_\_\_\_

**Insurance Info:** Do you have insurance? YES NO Carrier/Plan Name: \_\_\_\_\_ Group # / Policy #: \_\_\_\_\_

**Preferred Physician / Phone:** \_\_\_\_\_ **Preferred Dentist / Phone:** \_\_\_\_\_

I understand that during the delivery of the GOTR program, as a Coach, I will be involved in 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, I hereby release, discharge and agree to hold harmless, and to indemnify each of Girls on the Run of Greater Cincinnati, Inc. 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 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, if I am unresponsive, I hereby authorize Girls on the Run of Greater Cincinnati, Inc. if after a reasonable attempt has been made to reach emergency contacts 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 me under the general or special supervision and on the advice of any physician or surgeon who may treat the me, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to me by any health care professional who may treat me. I agree to pay for any such treatment and to reimburse Girls on the Run of Greater Cincinnati, Inc. 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 and videos that have been or will be taken of me or in which I 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 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. I have fully read the above permissions and releases, understand them, and I expressly agree to them. This permission and release is binding on me and my executor, administrators and heirs.

**Please Note: You MUST sign and date the form.**

**Your Name (please print):** \_\_\_\_\_ **Your SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_