



Member Information Form

Names and ages of all children participating:

Name of Parents/Guardians:

Phone Number(s): _____

Email (only used to communicate club information):

Preferred method of communication for last-minute scheduling changes:

___ **text**

___ **email**

___ **Facebook notifications**

Emergency Contact if unable to reach parent:

Name: _____

Number: _____

We will occasionally be serving healthy snacks - does your child have food allergies?

Does your child have any health conditions? (seizures, migraines, etc)

Does your child take any medications, especially medicines that would potentially be needed while at running club (albuterol, epi-pen, etc)?

Any behavioral concerns we should know about that might help us better serve your child's needs? (severe anxiety, ADHD, developmental delays, fears, etc.)

***** Please remind your child that this is an exercise club and that, while all levels and abilities are accepted and welcomed, we do expect a good attitude and participation each week*****



**FLORENCE PARK PEDIATRICS RUNNING CLUB
Release, Waiver and Acknowledgment**

I, _____, the parent/guardian of _____, a minor, agree and acknowledge that I am allowing my child/ward to voluntarily participate in the Florence Park Pediatrics Running Club. I acknowledge that running is a sport that can be associated with injury including, but not limited to, scrapes/cuts, bruises, sprains, broken bones, and concussions. I agree that Midtown Tulsa Pediatric Group, PLLC d/b/a Florence Park Pediatrics ("FPP") is not financially or legally liable for any injuries, should they occur while my child/ward participates in FPP Running Club. Additionally, I understand that the club will be running within neighborhoods that are not blocked off to traffic. Although all measures will be taken to ensure the utmost safety of my child, I understand that not all accidents can be prevented. I ACKNOWLEDGE THAT I AM ALLOWING MY CHILD/WARD TO VOLUNTARILY PARTICIPATE IN THE ACTIVITIES DESCRIBED ABOVE WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE, WHETHER CAUSED BY THE NEGLIGENCE OF FPP, ITS OWNERS, MEMBERS, MANAGERS, EMPLOYEES, AGENTS, REPRESENTATIVES OR OTHERWISE. I FURTHER ACKNOWLEDGE THAT THE RUNNING CLUB IS FREE AND THAT FPP IS NOT RECEIVING ANY COMPENSATION FOR ORGANIZING AND OVERSEEING THE CLUB.

I hereby expressly waive and release any and all claims for relief, causes of action, suits, debts, damages, losses or any other demands of any kind, character or nature, whether now existing or arising after the date I sign this document, now known or hereafter known, against FPP, and its owners, members, managers, employees, agents or representatives (collectively, "Releasees"), on account of injury, illness, death, or property damage arising out of or attributable to my child's/ward's participation in the FPP Running Club, whether arising out of the negligence of any Releasee or otherwise. I hereby covenant not to make or bring any such claim for relief, cause of action, suit, or any other demand of any kind, character or nature against FPP or any other Releasee, and forever release and discharge FPP and all other Releasees from liability under any such claim for relief, cause of action, suit, or demand of any kind, character or nature.

Florence Park Pediatrics agrees to use its best efforts to maintain a 3:1 ratio of children to adults at all times. If that ratio cannot be maintained, parent volunteers will be asked to join us for the running portion of our meeting.

I understand that food will be prepared and served at each club meeting as a way to promote healthy eating. All food will store-bought or prepared on-site with club participants and will not be baked or pre-prepared in the homes of staff.

If my child/ward presents a severe behavioral problem that interferes with the ability of the Club to continue, my child/ward might be asked to sit out of club for one week. If the behavioral problem persists, my child/ward will be asked to stop attending until the behavioral issue has been resolved. This is for the safety of the rest of the club attendees.

_____ I authorize Dr. Elizabeth Dunlap, DO and Dr. Carrie Harp-Wetz, DO to assess and treat my child in their sole medical discretion if my child sustains minor injury such as a scrape, cut or bruise.

_____ In the event of respiratory distress or allergic reaction, I would like my child to receive emergency medication while awaiting arrival of EMS - this includes but is not limited to Albuterol, Epi-pen injection, Benadryl, Oxygen.

_____ In the event of respiratory distress or allergic reaction, I would like the staff to call 911 and await arrival of emergency services WITHOUT administering any medication to my child.

_____ I release and authorize the use of any digital images or likenesses of my child/ward by FPP on any of FPP's social media accounts, its website or in any other promotional or proprietary materials.

Printed Name of Child _____

Signature of Parent/Guardian _____

Date _____