GIRLS ON THE RUN RELEASE FORM

I hereby authorize Carolina Connections, Inc. (ADDRESS: P.O. Box 1604 Mount Airy, N.C. 27030 PHONE: 336-786-7030 FAX: 336-786-7033), Girls on the Run International, and its agents to conduct a comprehensive review of my background causing a consumer report, MVR, criminal history and other reports as deemed necessary by Girls on the Run International. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; criminal history for all jurisdictions; motor vehicle records; drug screening; and all other public documents required. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to Carolina Connections, Inc. for Girls on the Run International. and its agents. I further understand as long as I remain a volunteer for Girls on the Run International, this agreement will be binding.

I hereby release Carolina Connections Inc., and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

REQUIRED DATA – Please print clearly

Full Name: _____
Last First Middle

Maiden/Other: _____ Dates Used:_____

Social Security Number: _____

Date of Birth: _____ Female_____ Male _____

Present Address: _____
Street City State Zip

Dates at Address: _____

List any additional addresses used in the past 3 years. (Use additional pages if needed)

Prior Address: _____
Street City State Zip

Dates at Address: _____

Prior Address: _____
Street City State Zip

Dates at Address: _____

E-mail Address: _____

Best phone number to contact:_____

Signature: _____ Date:_____

Make check for $10.00 to GOTR Nashville
Mail release form and check to: GOTR Nashville P.O. Box 50175 Nashville, TN 37205