

GIRL SCOUT PERMISSION SLIP

USA Girl Scouts Overseas

(THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY, USE BLACK INK.)

GIRL SCOUT'S NAME _____ TROOP/GROUP # _____

Parent/Legal Guardian to keep this portion

Activity/Place: _____ Date(s): _____

Leaving from: _____ Time of departure: _____

Returning to: _____ Time of return: _____

Bring: _____ Fee: _____

Dress: _____

Adult in charge: _____ Phone: () _____

Contact adult: _____ Phone: () _____

Cut above and return this portion to leader/adult in charge by: _____ (Date)

Girl Scout's Name: _____ Troop/Group # _____ Age: _____

Activity: _____ Date: _____

My child has my permission to attend the activity listed above. She will not attend if she is not feeling well. I give my permission to have her treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. My signature on this document also allows Girl Scouts to use **photographs, voice, and/or video of my child for Public Relations purposes**. My child may have opportunities in the future to attend activities other than the ones listed on this form. I acknowledge that if I give permission for her to participate in such activities in the future, it is under the same conditions that are set out in this form, including with respect to transportation. (Leader: Attach future parent permissions to this form.)

TRANSPORTATION RELEASE: I understand that troop/group leaders must obtain the written consent of parent/guardian for every girl wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled troop/group meeting. I accept responsibility for the transportation of my child to and from any Girl Scout activity and recognize that transportation to and from Girl Scout events is not the responsibility of USA Girl Scouts Overseas. I recognize that the driver of any such carpool or bus service that I arrange is not acting as an agent of USA Girl Scouts Overseas. It is my expressed intention to hold USA Girl Scouts Overseas harmless for any and all injuries, death, or damages arising from or in any way related to any such transportation.

I give my permission for my child to participate in Boating, Swimming, Horseback Riding, or other strenuous activities. If no exceptions, she may participate in all activities at this outing. **EXCEPTIONS:** _____

My child **may not** be released to: _____

If unable to reach me in case of an emergency or change in plans, please contact one of the following. I will make arrangements with these people prior to the event.

Name: _____ Day:() _____ Evt:() _____ Relationship: _____

Name: _____ Day:() _____ Evt:() _____ Relationship: _____

I have provided medication(s) for my child to take with the supervision of the Leader/First Aider. Yes: ___ No: ___ (attach a list if necessary)		
Medication:	Dosage:	How Often:

Medication(s) she can have: _____

Medication(s) she **cannot** have: _____

Disease exposed to in last 30-days: _____

Signature of Parent/Legal Guardian _____ Phone # _____ Cell Phone _____ Date _____

Print Name of Parent/Legal Guardian _____

USA Girl Scouts Overseas Assumption of Risk and Release of Liability

*Girl Scout's Name _____ *Troop # _____ *Community _____
(as she is registered)

I agree that while participating in USA Girl Scouts Overseas ("USAGSO") activities and while on USAGSO premises, I (and/or, as applicable, my minor child) am required to follow all USAGSO guidelines and staff directions that have been provided to me, whether in an agreement at the activity, on USAGSO webpages, or otherwise, including all instructions regarding contagious or infection disease. I further understand that any violation of these guidelines or staff directions may result in me (or, as applicable, my minor child) being asked to immediately cease participation in the activity with no refund.

I agree that I (and/or, as applicable, my minor child) will not participate in any in-person USAGSO meetings or activities or enter USAGSO premises if I (and/or, as applicable, my minor child) am experiencing symptoms of a contagious or infection disease (including but not limited to cough, shortness of breath, fever, chills, muscle pain, sore throat, vomiting, diarrhea, or new loss of taste or smell); have a confirmed or suspected contagious or infection disease; or have had close contact in the last 5 days with a person who has been confirmed or suspected of having COVID-19 or another contagious illness. In the event that I (and/or, as applicable, my minor child) receive a positive test result for coronavirus, influenza or another contagious illness in the next 5 days, I will immediately notify those who participated in the activity, and I and others members of our household will also refrain from participating in any in-person USAGSO meetings or activities for at least 5 days after a positive test, or longer if directed by a medical professional or USAGSO, even if we are asymptomatic.

In consideration of being permitted to participate in USAGSO activities, I, on behalf of myself, my minor child, and any and all of our beneficiaries, heirs, next of kin, successors, assigns, representatives, and agents, do hereby **RELEASE, ACQUIT, AND FOREVER DISCHARGE** Girl Scouts of the USA and USAGSO and each of their respective Board of Directors, officers, employees, agents, representatives, volunteers, and/or associates, and their heirs, executors and administrators, successors and assigns, and any and all other persons and entities for whom they could be legally responsible (collectively, "Releasees") from any and all past, present, or future claims, demands, liabilities, causes of action, debts, and damages (collectively, "Claims") whether based on contract, promissory estoppel, statute, intentional or unintentional tort, personal injury, fraud, or any other theory of recovery, and whether for compensatory damages, specific performance, exemplary damages, attorneys' fees, court costs, expenses, interest, or compensation of any nature whatsoever, known or unknown, fixed or contingent, liquidated or unliquidated, accrued or unaccrued, now existing or that might arise hereafter, including, but not limited to, any and all Claims related to or arising out of any related illness, injury, disability, or death experienced by myself, or any other member of our family or household, regardless of whether such claims are caused, in whole or in part, by the sole, contributory, or concurrent negligence, strict liability, premises liability, or other tortious or wrongful conduct of Releasees. **I hereby ASSUME ALL THE RISKS of illness, injury, disability, or death experienced by myself, or any other member of our family or household, regardless of whether such risk is caused, in whole or in part, by the sole, contributory, or concurrent negligence, strict liability, premises liability, or other tortious or wrongful conduct of Releasees.**

By signing below, **I hereby certify that I have read and fully understand all of the terms of this Agreement and that I am voluntarily giving up substantial legal rights, including the right to sue the Releasees as described above.** I am voluntarily, knowingly, and unconditionally signing this Agreement and hereby agree to all of the terms and conditions of this Agreement.

Parent/Guardian

Name _____ Signature _____ Date _____

Please print full name clearly