

## Annual Girl Scout Permission & Media Release Form

Complete this form at the beginning of each Girl Scout year.

This form will be retained by the troop leader.

Girl's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Troop #: \_\_\_\_\_

Address: \_\_\_\_\_ Girl Scout Level: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Community: \_\_\_\_\_ Grade: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

### Permission for Trips/Camping/Overnight & Events

My Girl Scout has permission to travel to, attend and participate in a troop and USAGSO-sponsored activities, including those activities that include overnight activities and require an Activity Notification Form to be submitted as outlined by Girl Scouts of the USA and USA Girl Scouts Overseas.

***Additional note:*** Troop leaders agree to inform parents and the OCMT, in print or electronically, when an activity is away from the normal meeting site(s). Troop leaders will notify parents/guardians of the following: events/activity and location, place and time of departure, place and time of return, mode of transportation and troop emergency contact.

Troop leaders will follow the Trip and Travel Requirements, including required training, form submissions and deadlines (see chart on [our website](#) under Forms > Risk Management).

### **Please initial and circle YES or NO.**

*\*By circling NO, I am requesting to sign individual permission slips for each activity.*

Parent Initials: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following individuals are authorized to act on my behalf:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

### **Parent/Guardian Contact Information**

Parent/Guardian Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work #: \_\_\_\_\_

### **Media Release**

I hereby give my consent for (name) \_\_\_\_\_ to appear in photographs taken and used by USA Girl Scouts Overseas and its assignees or successors, in publication(s)/media- including audiovisual productions, television and electronic transmission.

Furthermore, I hereby consent that such photographs, digital files and plates from which they are made shall be the property of the photographer, and USAGSO shall have the right to duplicate, reproduce and make other uses of such photographs and plates for USAGSO publicity and publications as they may desire free and clear of any claim whatsoever on my part. The photographer will not sell the photos under any circumstance. I am of legal age and freely sign this release, which I have read and understood.

I have read and understand this annual permission form. I may change or revoke any aspect of this agreement at any time by submitting by request, in writing, to the troop leader.

Signature- Parent/Guardian: \_\_\_\_\_

Print Name- Parent/Guardian: \_\_\_\_\_

Date- Month/Day/Year: \_\_\_\_\_