

# Annual Permission Form

October 1, 2024 – September 30, 2025

This permission form covers all approved Girl Scout activities through the 2024-2025 membership year excluding Overnights (1 or more nights), Council-Sponsored Events, Camps, and/or Sensitive Issues.

These activities require a separate permission; go to [www.girlscouts-gssi.org/en/resources/forms.html](http://www.girlscouts-gssi.org/en/resources/forms.html) for more information.

This form **MUST** be submitted to GSSI at the start of Girl Scout participation in troops and/or other groups. Email a copy to [support@girlscouts-gssi.org](mailto:support@girlscouts-gssi.org) or complete this **ONLINE** form for automatic submission.

## GIRL INFORMATION

Troop/Group # \_\_\_\_\_ Service Unit/Registration Area \_\_\_\_\_

Girl's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Level: (Choose 1): D B J C S A

Mailing Address \_\_\_\_\_  
(Street, City, ST, Zip)

Mother/Guardian's Name (printed) \_\_\_\_\_ Parent Email \_\_\_\_\_

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Parent Address \_\_\_\_\_  
(If different from Girl's Address)

Father/Guardian's Name (printed) \_\_\_\_\_ Parent Email \_\_\_\_\_

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Parent Address \_\_\_\_\_  
(If different from Girl's Address)

Emergency contact person if parents/guardians cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Mobile \_\_\_\_\_

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## PERMISSION

### Photo Permission:

I authorize my girl to be photographed during approved Girl Scout activities and understand images may be used for future Girl Scout promotions.

(Please initial) Yes \_\_\_\_\_ No \_\_\_\_\_

### Consent for Medical Treatment:

I authorize all medical, surgical, diagnostic, and hospital care or procedures, which may be performed or prescribed for my child and/or myself by a licensed physician/dentist or hospital, when efforts to contact the emergency contact person are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child and/or my health. I waive my right of informed consent to such treatment.

(Please initial) Yes \_\_\_\_\_ No \_\_\_\_\_

### Cookie Permission:

I authorize my girl to participate in the 2024-2025 Girl Scout Cookie Program, conducted by Girl Scouts of Southwest Indiana. I acknowledge that I am financially responsible for all the cookies my girl receives and understand that Girl Scout Cookies may not be returned. I acknowledge that I will turn in money owed in full and on time. I understand that the monies collected by a Girl Scout belong to her Girl Scout Troop and to Girl Scouts of Southwest Indiana. If these funds are not paid on time, I understand that Girl Scouts of Southwest Indiana reserves the right to initiate collection procedures and that I will be responsible for all collection fees, attorney fees, and court costs. I will ensure my girl follows the rules set for the Girl Scout Cookie Program including observing safety guidelines, not selling prior to the start date, and that she has accountable adult guidance throughout the sale experience.

(Please initial) Yes \_\_\_\_\_

### Permission to Participate:

I acknowledge that I have received detailed information about the Girl Scout program and understand that participation involves a certain degree of risk. After careful consideration, I give the above-named Minor permission to participate in all approved Girl Scout activities through October 1, 2024 – September 30, 2025, excluding overnights, council-sponsored events, camp, and sensitive issue discussions. I acknowledge that permitting the Minor to participate is in my sole discretion and that participation is voluntary and not required to be a member of Girl Scouts. I represent and confirm that the Minor (i) is in good health, (ii) has had no serious illness or accidents since their last physical exam (within the past four months) and (iii) has no restriction on participating in any activities. I understand in the case of medical emergency, every effort will be made to contact me; however, Girl Scouts has my permission to secure emergency medical treatment for the Minor.

(Please initial) Yes \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Girl's Name \_\_\_\_\_

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## HOLD HARMLESS AGREEMENT

Girl's Name \_\_\_\_\_ DOB \_\_\_\_\_

I AGREE TO ASSUME THE FULL RISK of any and all injuries, damages and losses, regardless of severity, that I or the Minor may sustain as a result of participating in approved Girl Scouts activities.

IN CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATING IN GIRL SCOUTS AND OTHER VALUABLE CONSIDERATION, I, ON BEHALF OF MYSELF AND THE MINOR, HEREBY WAIVE, RELEASE, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE TO THE FULLEST EXTENT PERMITTED BY LAW THE GIRL SCOUTS OF SOUTHWEST INDIANA, INCLUDING ITS OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, AND EMPLOYEES (HEREINAFTER COLLECTIVELY "GSSI") FROM AND AGAINST ALL CLAIMS, ACTIONS, DEMANDS, ATTORNEY'S AND EXPERT FEES, DAMAGES, LOSSES, INJURIES, ILLNESSES, COSTS, EXPENSES AND/OR LIABILITIES (COLLECTIVELY "CLAIMS"), WHETHER SUCH ARISES BASED ON NEGLIGENCE OR BY ANY STATUTORY OR COMMON LAW THEORIES, (INCLUDING WITHOUT LIMITATION ALL INJURIES, DISABILITY OR DEATH) ARISING OUT OF, IN CONNECTION TO, OR IN ANY WAY ASSOCIATED WITH GIRL SCOUTS, THE GRANT OF RIGHTS HEREUNDER OR BREACH OF THESE REPRESENTATIONS AND WARRANTIES AND EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF THE SOLE NEGLIGENCE OR CARELESSNESS ON THE PART OF GSSI. I HEREBY AGREE THAT GSSI SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS, OF ANY KIND, WHICH I OR THE MINOR MAY SUSTAIN WHILE PARTICIPATING IN GIRL SCOUTS, WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF GSSI AND I AGREE TO INDEMNIFY AND TO HOLD HARMLESS GSSI, FROM ANY CLAIMS WHATSOEVER INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY'S AND EXPERT FEES.

BY SIGNING BELOW I HEREBY REPRESENT AND CONFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE IMPORTANT INFORMATION, WARNING OF RISK, ASSUMPTION OF RISK, WAIVER, AND A RELEASE AND INDEMNITY FOR ALL CLAIMS. I HEREBY REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE MINOR AND I AGREE THAT THE ABOVE AGREEMENT BINDS ME AND THE MINOR TO ALL TERMS HEREOF. I FURTHER REPRESENT AND CONFIRM THAT I HAVE THE AUTHORITY TO SIGN THIS FORM ON BEHALF OF THE MINOR.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

*NOTE: Hold Harmless Agreement covers approved Girl Scout activities from October 1, 2024 – September 30, 2025.*

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