

Complete this form at the initial troop meeting. Troop leader will keep original.

## GIRL INFORMATION

Girl Scout's Name \_\_\_\_\_ Troop # \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Grade in Fall and School Attending \_\_\_\_\_ Birth Date \_\_\_\_\_

## PERMISSION FOR ACTIVITIES

Yes - Initialed  No - Initialed

**By checking "No", I am requesting to sign individual permission slips for each activity.**

My child has permission to travel to, attend and participate in troop and council-sponsored activities that are (1) a day trip, (2) not considered high-risk activities as outlined by Girl Scouts of WNY/GSUSA. Leaders will be notifying parents or guardians of activities planned.

## PERMISSION FOR EMERGENCY MEDICAL TREATMENT (AND SHARING HEALTH HISTORY)

Yes - Initialed \_\_\_\_\_  No - Initialed \_\_\_\_\_

In the event of an emergency, every effort will be made to contact a parent/guardian/emergency contact person. If no contact can be made, I hereby give authorization to Girl Scouts of WNY and agents, to seek treatment for my child and/or dependent minor by a licensed professional or dentist. I know of no reason(s) why my child may not participate in prescribed activities as noted on the health history form.

If permission for emergency medical treatment is not provided, Girl Scouts of WNY shall be released from all liability resulting from untreated injury or illness and shall be held harmless for the same. If you wish to provide specific, alternative instructions, please do so on the back of this form.

**If I cannot be reached, the following person(s) can act on my behalf.**

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_ Relationship \_\_\_\_\_

## PARENT AGREEMENT

When participating in Girl Scout activities I agree that my child and I will act in a manner that models the ideals and values of the Girl Scout Promise and Law.

I have read and understand this Annual Permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop leader.

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

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

### **GSWNY COVID-19 Waiver of Liability**

I acknowledge the contagious nature of the Coronavirus/Covid-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Girl Scouts of Western New York (GSWNY) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I understand that GSWNY cannot guarantee that I will not become infected with the Coronavirus/COVID-19. I acknowledge that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GSWNY staff, visitors, and their families.

I voluntarily seek services provided by GSWNY, and acknowledge that I may be increasing my risk of exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures adopted by the Council in an effort to reduce the likelihood of exposure and/or spread of Coronavirus/COVID-19 while onsite.

I hereby release and agree to hold GSWNY harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the Council, or that may otherwise arise in any way in connection with any services provided by GSWNY. I understand that this release discharges GSWNY from any liability or claim that I, my heirs, or any personal representatives may have against GSWNY with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from GSWNY. This liability waiver and release extends to GSWNY together with all owners, partners, and employees.

**Signature:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Date:** \_\_\_\_\_