



# 2024 Girl Scout Fall Product Program Parent Responsibility Form

My Girl Scout has my permission to participate in the 2024 Girl Scout Fall Product Program. **I agree to accept payment responsibility for all products she receives and to see that she has adult supervision at all times.**

The Fall Product program begins on **Sunday, September 15, 2024**. This year's Fall Product Program is online only, and Girl Scouts do not need to collect money.

I agree to the following:

- My Girl Scout is registered as a Girl Scout for the 2024-2025 membership year.
- My Girl Scout and I will sign the [Girl Scout Internet Safety Pledge](#).
- No orders or sales will be made prior to Sunday, September 15, 2024.
- Social media marketing is limited to sites set to private.
- There is no jurisdiction for online sales but Girls Scouts cannot have customers pay online except through the M2OS online sales system.
- I will accept responsibility for all products received and understand product cannot be returned unless it is damaged.
- I will accept responsibility in making sure all purchased products are received by the purchasing customer.
- My Girl Scout and I will follow **ALL** Girl Scout Fall Product Program guidelines.
- I will respect and meet all deadlines.
- I understand **Sunday, October 13, 2024 is the last day customers can purchase products online.**

In consideration of my daughter being permitted to participate in the Fall Product Program , I (we) hereby release, waive, discharge and covenant not to sue the Girl Scouts of Orange County, its directors, officers, employees, volunteers and agents (collectively the "Council") from any and all liability to myself or my daughter for any loss or damage, including property damage, personal injury, or death, whether caused by the negligence of the Council or otherwise, resulting from or related to my daughter's participation in the Event. I understand that all unpaid accounts may result in collection procedures.

Troop/Group # \_\_\_\_\_ Date \_\_\_\_\_

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

Caregiver's Name \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Signature— Parent or Caregiver \_\_\_\_\_