GSSEF HOLD HARMLESS AGREEMENT

I/we, _____

represent to GSSEF that we are the parent(s) and/or legal guardian(s)* of the child named below and

hereby give consent for my/our child, _____

to participate in the Girl Scout Troop # _____   or Service Unit/Area _____

event (title) _____commencing   on date _____.

I/we agree to assume full responsibility for the payment of any debts incurred by my/our child during

this event and agree to reimburse Girl Scout Troop # _____ and/or Service Unit _____

and/or adult advisors _____

 for any expenses and/or damages caused or suffered due to my/our child's actions during the trip.

I/we further hereby release and hold harmless the Girl Scouts of Southeast Florida, Inc. (a.k.a. GSSEF), its agents, employees, officers and directors, and the above referenced Girl Scout Troop, Service Unit, Area or adult advisors, and volunteers for and against all claims, judgments, damages, costs, or other expenses arising out of bodily injuries, property damage, and causes of action of every kind or character, whether in contract or tort, or any loss caused or suffered by my/our child during the trip, including attorney's fees and costs, whether at trial or appellate levels or otherwise.

I/we authorize the GSSEF and the above named adult advisors to procure at my/our expense, any medical care reasonably required for my/our child during the trip. The reasonableness and necessity of such medical care to be determined in the sole discretion of the GSSEF and the adult advisors.

*For legal guardians: you are required to submit a certified copy of the court order verifying the guardian status of the person signing this form.

_____   _____
Parent or guardian: Printed Name   Signature

_____   _____
Parent or guardian: Printed Name   Signature

[NOTARY ACKNOWLEDGEMENT APPEARS ON NEXT PAGE]

MOTHER OR GUARDIAN 1

State of _____

County of _____

      The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who (_____) is personally known to me or (_____) produced the following identification _____.

      (Notary Seal)   _____

                                            Notary Public – State of Florida

                                            Print Name:_____

                                            Commission Number:_____

                                            My Commission Expires:_____

FATHER OR GUARDIAN 2

State of _____

County of _____

      The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who (_____) is personally known to me or (_____) produced the following identification _____.

      (Notary Seal)   _____

                                              Notary Public – State of Florida

                                            Print Name:_____

                                            Commission Number:_____

                                            My Commission Expires:_____