

2025 Caregiver Permission and Responsibility Pledge

I give permission for my Girl Scout,

to participate in the Gifts & Goodies program.

Troop#_____

My Girl Scout has my permission to participate in the Fall Product Program activities, and I agree to the following terms:

- My girl is registered as a Girl Scout for the 2025-2026 Girl Scout Program year.
- I accept financial responsibility, including prompt payment, for all product and money she receives and will also see that she always has adult guidance.
- I understand that unsold products may NOT be returned.
- I understand that no product will be sold prior to the start date of the program.
- I accept responsibility for meeting all troop deadlines.
- If my Council is offering the ability to accept orders in person for girl delivery, I understand that I will be financially responsible for these products upon receipt of them from Council or another administrative level volunteer. I will also ensure that all orders are delivered promptly to customers and will be responsible for returning payment for these items to the troop.
- I understand that all proceeds are troop or Council funds and are NOT the property of my participating girl.
- I understand that my Girl Scout Council might have policies in place regarding accepting checks, and I will review those specific policies, which are outlined in more detail in Council-provided resources and information.
- Troops, girls, or adults participating in the Fall Product Program may not have any outstanding debts with the Council.
- Girls participating may have the option to earn rewards. These earned items coincide with the level of products sold and are subject to substitution of equal value if the designated items become unavailable due to unforeseen circumstances beyond my Council's control. If my Council offers an option for troops to opt out of rewards and receive additional proceeds, and your troop has chosen that option, girls will receive patches only, but no additional items.

I will be guided by the Girl Scout Promise and Law in all actions related to the Fall Product Program.

Caregiver Signature

Date

Address_____Email_____

City_____State_____ZIP_____Ph #_____