

## PARENT CONSENT FOR INTERNATONAL TRAVEL AND WAIVER

I/We,		, the parent(s) of		
	("my/our child"), a member of Troop	, Service Unit		
of Girl Scouts of	Greater Los Angeles ("GSGLA"), give permission f	or my/our child to		
attend and participate in				
	("the event"), to be held in	(City),		
(	Country).			

I/We acknowledge that \_\_\_\_\_\_ (Troop Leader) has advised me/us of the current U.S. Department of State travel advisory to this location.

I/We acknowledge having been provided the website to the U.S. Department of State (<u>https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html</u>) and acknowledge that I/we have personally viewed the current U.S. Department of State travel advisory for this location.

I/We fully understand the potential risks that accompany travel to this area and explicitly grant permission for my/our child to attend the event at this location.

I/We understand that personal injury	r can and may occur to my child, and I/we hereby authorize
	(Troop Leader) to seek and consent to emergency medical
attention for my/our child as needed.	

I/We hereby release GSGLA, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my/our child while participating in or traveling to and from the event.

I/We give permission for my/our child to ride in any vehicle or airplane designated by GSGLA, its employees and adult volunteers, while participating in and traveling to and from the event.

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I/We agree and consent to all of the above stated.

Signed	(Parent or Guardian #1)
Printed Name:	
Signed	(Parent or Guardian #2)
Printed Name:	
	ACKNOWLEDGMENT
State of California County of Los A	ngeles)
On, 20	_ before me, (Name
and Title of the officer) personally	appeared
, who pr	roved to me on the basis of satisfactory evidence to be the
person(s) whose name(s) is/are s	subscribed to the within instrument and acknowledged to me
that he/she/they executed the sar	ne in his/her/their authorized capacity(ies), and that by
his/her/their signature(s) on the	instrument the person(s), or the entity upon behalf of which
the person(s) acted, executed the	instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

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## ACKNOWLEDGMENT

State of California County of Los Angeles)

On \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_\_ (Name

and Title of the officer) personally appeared \_\_\_\_\_\_

\_\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature	(Saal)	١
Signature	 (Sear)	J