



girl scouts  
of west central florida

## Girl Permission Form

Attention Parent/Guardian: This form does not absolve the parent/guardian of the responsibility of being available as stated. As parent/guardian, the troop/group leader/advisor will expect to be able to reach you at the location/phone number(s) specified on this form.

I, as the custodial parent/legal guardian of Taylor Leidy understand that the girls will be participating in Girl Scouting activities as planned by Troop/Group 60708 appropriate to girls' experience, interests, age and skill level, and under the auspices of Safety Activity Checkpoints. These activities may include, but are not limited to: troop/group meetings, ceremonies, field trips/outings, sports, hikes/walks, service projects, community events and/or encampments, sleepovers, camping, council-sponsored events and/or encampments, etc. She has my permission to participate in all activities, except as noted here (list restrictions on her activities): \_\_\_\_\_

Initial each statement:

My daughter is physically fit and has the necessary skills to safely participate in all activities.

My daughter has the following physical/dietary restrictions.

I give consent for my daughter to travel to and from these events/activities in transportation provided by adult troop/group volunteer drivers.

I consent that the photographs for which she posed may be used by Girl Scouts of West Central Florida and Girl Scouts of the USA, its assigns or successors, in whatever way they may desire, including audio/visual projections and television; furthermore, I hereby consent that such photographs and the plates from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs and plates as they may desire, free and clear of any claims whatsoever on my part.

Girl Name: Taylor Leidy Date of Birth: 11/19/2012 Age: 12

Home Address: 94 S. Highland Ave Unit #2701

Parent/Guardian: Bowie Leidy

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: 727 420 6033 E-mail: bowie.leidy@gmail.com

If I cannot be reached, in the event of an emergency, the following person is authorized to act on my behalf:

Name Azrel Gonzalez Relationship Mother Phone 813-638-5187

For all trips/outings/events, the troop/group leader/advisor will notify me of the following (as applicable):

Event/Activity and Location

Place and Time of Departure

Place and Time of Return

Mode of Transportation

Equipment/Clothing Needed

Amount of Money Needed by Each Girl

First Aider/Troop/Group Emergency Contact

Traveling Troop Coordinator

Adult Chaperones

Adult Drivers

Communication may be via e-mail, telephone, mail, personal contact or as determined by the troop/group.

Parent/Guardian Signature: BL Date: 1/17/23

Troop/Group Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Girl Scouts of West Central Florida  
Health Examination Form  
For Girls and Adults**

This Health Examination Form should be carried with the troop/group at all times. See *Volunteer Essentials*, and *Safety Activity Checkpoints*, as indicated under each activity for information about health examinations.

**Please Print**

Name: Taylor Leidy Date of Birth: 11/19/2012 Age: 12 Troop #: 70608  
 Name of Parent/Guardian (or Spouse): Bowie Leidy  
 Home Address: 94 S Highland Ave #2701 City: Tarpon Springs Zip: 34689  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: 727 420 6033 Evening Phone: \_\_\_\_\_

**If unavailable in an emergency, notify:**

1. Name: Hazel Gonzales Phone: 813 638-5187  
 Address: 5009 Executive Dr, New Port Richey Relationship to girl: Mother  
 2. Name: Susan Youngue Phone: 813-408-4123  
 Address: \_\_\_\_\_ Relationship to girl: Family Friend

**Health History**

**Medical Conditions:**

- Asthma
- Bed wetting
- Behaviorial/mental health concerns
- Bleeding/clotting disorders
- Diabetes
- Hearing impairment
- Heart disease
- High blood pressure
- Fainting
- Learning/cognitive delay
- Musculoskeletal disorders
- Prior hospitalization
- Prior serious injury
- Prior surgery
- Seizures
- Sleep disturbances
- Speech impairment
- Visual impairment
- Other: \_\_\_\_\_

**Allergies:**

- Animals
- Food
- Carries epipen
- Knows how to self-administer epipen
- Insect stings
- History of anaphylaxis
- Medications
- Seasonal
- Takes allergy medication
- Other environmental
- Other: \_\_\_\_\_

**Special Dietary Needs:**

- Egg allergy
- Gluten intolerant/celiac
- Lactose intolerant
- Peanut/tree nut allergy
- Vegetarian
- Vegan
- Other: \_\_\_\_\_

*Please elaborate on any positive responses (attach addendum if necessary).*

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## Health History, Continued

### Medications/Vitamins/Supplements

Please list any medications, vitamins, or supplements including their doses and frequency.

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Will the parent/guardian be sending medication(s)?  Yes  No  Only if applicable

*Medications must be in the original container/prescription container which includes the patient's name and medication instructions. Only send enough medication for the length of the activity. All instructions must be reviewed with the troop leader or first aider in advance of the activity.*

### Provider Information

Name of family physician/psychologist: North Pinellas Children Medical Center Phone: 727-376-8404

Do you carry family medical/hospital insurance?  Yes  No

If yes, indicate carrier: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

*Note: Your family insurance is primary coverage.*

### Immunization History

Please indicate your girl's immunization status.

No routine immunizations have been received.

Some routine immunizations have been received. Which ones: \_\_\_\_\_

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All routine immunizations have been received.

### Activities

Please initial the following statements as applicable.

My child may take part in swimming activities.

Ear drops (alcohol/vinegar solution) may be administered after swimming.

My child should be restricted from or have accommodations made for the following activities: \_\_\_\_\_

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My child will have their own sunscreen.

I understand that sunscreen will not be provided.

Additional comments: \_\_\_\_\_

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**Important: The following section must be completed for participation.**

This health history is correct so far as I know, and the person herein described has permission to engage in all activities except as noted by me.

**COVID-19 Precaution**

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of West Central Florida takes every safety and preventative precaution, Girl Scouts of West Central Florida can in no way warrant that COVID-19 infection will not occur through participation in council programs. I accept full responsibility for my/my child's decision regarding safety protocols and exposure to COVID-19 risks, such as choosing not to wear masks or social distance regardless of my COVID-19 vaccination status.

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 Parent/Guardian Signature

 1/17/2025  
Date

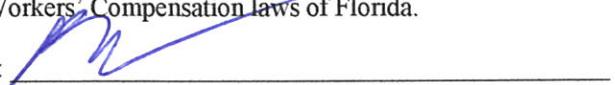


## Adult/Volunteer Release & Waiver of Liability and Indemnity Agreement

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING GIRL SCOUTS OF WEST CENTRAL FLORIDA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

### Acknowledgment of Volunteer Status

As a volunteer, I acknowledge and agree I am not an employee of Girl Scouts of West Central Florida. I acknowledge and agree that I will not receive any compensation or benefit for my participation in volunteer Programs, nor will I be eligible for any coverage under the Workers' Compensation laws of Florida.

Signature of Volunteer/adult: 

Date: 1/17/2025

Print Name: Bowie Leidy

### Assumption of Risk

I acknowledge and agree that any use of Girl Scouts of West Central Florida facilities, services, equipment and premises ("Facilities") and any participation in Girl Scouts of West Central Florida programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Girl Scouts of West Central Florida, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

  
Signature

Bowie Leidy  
Name (Print Clearly)

1/17/2025  
Date

## **Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue**

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN: READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF GIRL SCOUTS OF WEST CENTRAL FLORIDA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM GIRL SCOUTS OF WEST CENTRAL FLORIDA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND GIRL SCOUTS OF WEST CENTRAL FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

### **Assumption of Risk**

I, in my legal capacity as the parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Girl Scouts of West Central Florida facilities, services, equipment and premises ("Facilities") and any participation in Girl Scouts of West Central Florida programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### **Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Girl Scouts of West Central Florida, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.



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In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Taylor Leidy

Minor Name (Print Clearly)

B. Leidy

Parent/Guardian Signature

1/17/2025

Date

Bowie Leidy

Parent/Guardian Name (Print Clearly)