

## 2025 FALL PRODUCT PROGRAM

## **Caregiver Permission & Responsibility Agreement**

	445 East 4500 South, #125, Salt Lake City, UT	84107 T (801) 265-8472 www.gsutah	org	
My Girl Scout, a registered member of Troop, has my				
pe: pro I w	rmission to participate in the 2025 Girl Scout Fall Producedures as set by Girl Scouts of Utah (GSU). I will see vill adhere to the published starting dates for order takindards.	uct Program. I will see that they honor any and all e that they have adult supervision and guidance at	rules and all times, and	
1)	My Girl Scout must be a currently registered Girl Sco	out for the 2026 membership year.		
2)	I accept personal financial responsibility for all product received and monies collected as payment from customers.  I understand that the 2025 Fall Product Program proceeds are troop & council property and that the income from product sales does not become the property of individual members.			
4)	I agree that all money collected must be given to my Girl Scout's troop on or before November 20, 2025, or any earned reward items, will be withheld until GSU receives the outstanding balance.			
5)	items, GSU will not be obligated to reissue, replace, substitute, or refund the value of said recognitions.			
6)				
7)	Any Girl Scout found to be selling before the official start dates, or through prohibited methods, may not receive reward items or activity credits.			
8)	Any unsold product cannot be returned.			
9)	For safety purposes and other reasons, Girl Scout online sales links may only be shared via social media posts with friends and family and only when the user's profile is set to private. Girl Scout contact information, online sales links, or sales information may not be shared or marketed on public-facing online sites (Facebook, Instagram, and Neighborhood), any site that is "closed" but includes the public, nor with any news outlets.			
My Girl Scout will be participating in the: 2025 Fall Product Program				
My Girl Scout has my permission to engage in online Fall Product activities under the supervision of myself and/or the Girl Scout adult in charge:  I am available to help the Troop Product Manager with tasks during the program:  Yes  No  ***Please turn this completed form in to your Troop Leader***				
Caregiver Name (print)		Email Address (print)	_	
Home Address		City, Zip	_	
Home Phone		Cell Phone		
Signature		Date	_	