

Property Liability Waiver Instructions:

The Property Liability Waiver needs to be completed by every participant in order to utilize Girl Scout properties. You will not be able to add the participant to your property reservation roster until they complete this form online. It is the responsibility of the person making the reservation to ensure everyone is registered and has completed the waiver before your camping date. All participants can complete the waiver on CouncilAlignMENT.

Each child's waiver must be completed by their parent or guardian. You are only required to complete the waiver one time. It does not need to be completed on an annual basis.

- 1.Log in to CouncilAlignMENT, <u>https://ca52.councilalignment.org/</u>
- 2.Go to Home Page
- 3. Click "View Profile" next to your name
- 4. Select "Property Liability Waiver" from the tabs it is after "Alum Information" and before "Property Reservation History"
- 5.Read the waiver and click "Accept" next to yourself as well as any minor under your care who is attending
- 6.Click "Yes"

Visual instructions on next page.



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	Profile	
 Girl Membership - Register a g Existing Camp Registrations 	girl in your custodial care	Ŕ
Messages		
No messages at this time.		

4. Select "Property Liability Waiver" from the tabs - it is after "Alum Information" and before "Property Reservation History"

Profile Associated Girls R	egistration History Program	Event History Cam
Adult Training History Voluntee	r Form Background Check I	History Recognitio
Property Liability Waiver Prope	rty Reservation History Bad	lges/Awards History
Adult Profile	* Merge and Keep Profile	🖌 Edit Profile 🗃
A Personal Information		(別 Address
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Name		
Gender		
Date of Birth		S Phone
Race		
Ethnicity		Mob
Years as GS Girl		Ho
Years as GS Adult		w
Employer		
Occupation		



5. Read the waiver and click "Accept" next to yourself as well as any minor under your care who is attending

FOR A MINOR
The undersigned certifies that Guest (1) the activities; and (3) is in good physica and grant access to Guest's medical re-
Accept - Your Child's Name
Accepted - Your Name

6. Click "Yes"

	QUEST HAS NEAD THE FUNEQUING
	FOR A MINOR
	The undersigned certifies that Guest (1)
re you su ability wa	re you want to accept the bod physica iver for this individual? I medical red
	Yes X No
	Accept -Your Child's Name