

**Grassfield Band Parent Association Scrip Program
WAIVER OF RESPONSIBILITY**

I give permission for the individuals listed below to pick up my scrip orders for me. The signature of that person(s), when receiving orders on my behalf, indicates delivery of certificates to myself and releases the Grassfield Band Parent Association and Great Lakes Scrip from any responsibility with regard to loss or damage.

I understand that the persons I designate below will be required to show picture identification and verify the contents and completeness of my order. They will be asked to sign that they have verified the accuracy of the order. If there is a discrepancy I will contact the Scrip coordinator within 7 days.

Persons with permission to pick up my Scrip Order:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent Name _____

Signature _____

Date _____

Office only:

Customer ID# _____
Enrollment form completed _____
Envelope completed _____