

2025-2026 RaiseRight WAIVER OF RESPONSIBILITY FORM

Grassfield Band Parent Association RaiseRight Rebate Program

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

Furthermore, if I ask the GFBPA RaiseRight Rebate program coordinator to send the RaiseRight cards to school with his/her student, I release the GFBPA RaiseRight program coordinator and his/her student from responsibility for loss or damage.

I understand that the persons I designate below will be required to 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 GFBPA RaiseRight program coordinator within 7 days.

Persons with permission to pick up my RaiseRight Order:

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

RaiseRight Account Holder Name (printed) _____

Signature _____

Date _____