



COMMUNITY CHRISTIAN  
SCHOOL

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## WAIVER OF RESPONSIBILITY

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### Community Christian School SCRIP Program

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number used as ID NUMBER \_\_\_\_\_

**PLEASE SELECT THE FOLLOWING OPTIONS:**

Send SCRIP home with my child:

Child to Whom Scrip Gift Certificates are to be given: \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

I will pick up my order in the CCS Office during school hours

I authorize \_\_\_\_\_ to pick up my SCRIP order  
for me

*I authorize Community Christian School to send home my SCRIP gift certificates in an envelope with my child or as I have indicated from the list above. I understand that SCRIP gift certificates are like cash and cannot be replaced if lost or stolen. I am fully responsible if the SCRIP certificates are lost or stolen and I agree not to hold CCS, GLS or any SCRIP volunteer responsible for lost or stolen certificates once they are given to my child.*

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Signature

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Date