



SPECTRUM HIGH SCHOOL SCRIP PROGRAM WAIVER FORM

I (we) authorize Spectrum High School to release my Scrip Order to the person(s) designated below, as well as to accept payment, when applicable, from the person(s) designated below. I (we) will not hold Spectrum High School responsible for any lost or misplaced Scrip Orders or payments as a result of this person's actions, nor will I (we) hold Spectrum High School responsible for reminding the designated person to deliver payment or pick up scrip orders.

Student/person(s) authorized to pick-up Scrip orders:

Family/Parent(s) Name: _____

Home Address: _____

Telephone #'s (Cell/Home/Work): _____

Email Address: _____

Parent Signature: _____