

Compass Montessori Scrip Pick-Up Waiver Form  
2016 - 2017 School Year

Scrip Customer Name: \_\_\_\_\_

Scrip Customer Phone Number: \_\_\_\_\_

Scrip Customer E-mail Address: \_\_\_\_\_

I understand that Compass Montessori requires scrip program participants to pick up scrip orders in person. I hereby authorize Compass Montessori to use the following alternate delivery method (check all that apply):

Send my Scrip order home with the following student:

\_\_\_\_\_  
Student Name and Class

Send my Scrip order home with the following adult:

\_\_\_\_\_  
Adult Name

In addition to authorizing the alternate delivery method listed above, I understand that I take full responsibility for the security of any order delivered by these methods, and I hold harmless Compass Montessori for loss, theft or any other disappearance of scrip orders once they are delivered in good faith via one of the methods listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_