

**Waiver of Responsibility**  
GACS RaiseRight Program

**2023-2024**

Please complete this form if your child is **PERMITTED** to bring your RaiseRight order home in their Friday folder. If GACS does not have a completed waiver form on file you will be notified that your RaiseRight order is in and will need to be picked up in the front office once fulfilled. **This waiver only needs to be completed ONCE during the 2023-2024 school year.** All future orders for this school year will be distributed in this manner unless you submit a written request to discontinue.

I AUTHORIZE GACS to release all RaiseRight orders to the child named below. I WILL NOT hold GACS, its staff or its volunteers responsible for any lost or misplaced RaiseRight orders.

Parent's First Name	Parent's Last Name	
Student's Name	Student's Homeroom (i.e. 2-M)	
Street Address		
City	State	Zip
Phone Number	Email Address	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date