

## **CMS PSO Scrip Program Waiver of Responsibility**

**I, hereby, authorize my child to obtain and carry my scrip order home. I understand that the officers, members, and assigned volunteers of Centennial Middle School PSO will not be held responsible for lost or stolen scrip once it has been released to my child. There is no expiration on this waiver, but I may revoke my authorization (in writing) at any time.**

**Print Your Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Student's Name** \_\_\_\_\_

**Team Number** \_\_\_\_\_