

Prospect Band Boosters Raise Right Pick-Up Waiver Form

Date: _____ Student Name(s): _____

Your Name: _____

Your Phone Number:

- Cell _____
- Land _____

Your E-Mail Address: _____

(Please Print Clearly)

I understand that Prospect Band Boosters requires Raise Right program participants to pick up Raise Right orders in person. I hereby authorize **Prospect Band Boosters** to use the following alternate delivery method:

Send my Raise Right order home with the following parent:

Parent 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 Prospect Band Boosters for loss, theft or any other disappearance of Raise Right orders once they are delivered in good faith via the method listed above.

Signature _____ Date _____