



Waiver of Responsibility  
PALS - Scrip Program

Your signature on this form is your acknowledgment that the Parent Association of Lincoln School, Inc. is not responsible for lost or stolen SCRIP after an authorized signer has picked up and signed for your completed order. Every order will have an Order Pickup List that you, or an authorized representative will sign.

If you wish PALS to keep your rebate please enter "PALS" on the Family Name line.

Family Name: \_\_\_\_\_  
(Write Your Family Name or PALS)

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

You must sign this waiver if you would like to have someone (your spouse or another adult family member) other than you to pick up your SCRIP order. Please list the names (up to three individuals) that are given permission to pick up your SCRIP order. Please print:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date  
7/2011