



G A B R I E L R I C H A R D C A T H O L I C H I G H S C H O O L

**RAISE RIGHT PROGRAM WAIVER
2023/2024 School Year**

Date: _____

Raise Right Customer Name: _____ (Please Print)

Raise Right Customer Phone Number: _____

Raise Right Customer E-mail Address: _____

I understand that Gabriel Richard High School requires Raise Right program participants to pick up Raise Right orders in person. I hereby authorize Gabriel Richard High School to use the following alternate delivery method (check all that apply):

Send my Raise Right order home with the following student:

Student Name and Grade

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 Gabriel Richard High School for loss, theft or any other disappearance of Raise Right orders once they are delivered in good faith via one of the methods listed above.

Signature _____

Date _____