



Christian Liberty Academy School System

A Ministry of the Church of Christian Liberty

502 West Euclid Avenue, Arlington Heights, Illinois 60004-5402

Phone: (847) 259-4444 ~ Email: custserv@homeschools.org ~ Web site: www.homeschools.org

To _____

Date _____

You may fax this form to (847) 259-1297.

MAIL LOSS AND DAMAGE WAIVER

This form must be returned before we will ship your curriculum.

Our standard method of shipping to foreign addresses is by United Parcel Service (UPS). Despite the expense involved, we use UPS because they provide shipment tracking and timely delivery. These packages are also insured so you incur no additional cost in the event of loss or damage.

However, we understand that the costs for shipping by this method may force some families to use an alternate carrier at the risk of having to purchase a replacement curriculum. For those who find the UPS charges prohibitive, CLASS offers insurance on shipments sent via the United States Postal Service (USPS). The cost for this insurance is five percent (5%) of your total enrollment purchase; it covers the materials sent in your main curriculum shipment. In the event of mail loss or damage, we will replace the lost/damaged materials at no additional cost to you.

We are still willing to ship by another carrier at your request. However, in this case CLASS cannot accept responsibility for, or insure against, loss or damage.

Please choose the method of shipment you prefer and sign this waiver.

- Ship my materials via United Parcel Service (UPS). I understand my CLASS account will be charged for the cost of shipping, which includes insurance. I have provided my street address and phone number below (UPS will not deliver to a P.O. Box).

Street address _____ Phone _____

- Ship my materials via the United States Postal Service (USPS). I understand my CLASS account will be charged for the cost of shipping plus 5% for insurance.

- At my own risk, I request that you ship my materials via _____
 (Private carrier of your choice)

Bill my shipping account number _____

Bill my charge card account _____ Exp. Date _____
 (VISA, MasterCard, or Discover card)

If I have selected a carrier not insured through CLASS, I release CLASS from any and all financial responsibility resulting from this decision. I assume financial responsibility for the postage fees for this shipment. In addition, if lost or damaged, I will be responsible for the costs of shipping and replacement of materials necessary to complete my order.

Signature (required) _____ Date _____

Parent/Legal Guardian