

Holy Savior Academy Scrip Pick-Up Waiver Form

2016 - 2017 School Year

Date: \_\_\_\_\_

Scrip Customer Name: \_\_\_\_\_

Scrip Customer Phone Number: \_\_\_\_\_

Scrip Customer E-mail Address: \_\_\_\_\_

I understand that \_\_\_\_\_ requires scrip program participants to pick up scrip orders in person. I hereby authorize \_\_\_\_\_ to use the following alternate delivery method (check all that apply):

Send my Scrip order home with the following student:

\_\_\_\_\_  
*Student Name and Grade*

Send my Scrip 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 \_\_\_\_\_ for loss, theft or any other disappearance of scrip orders once they are delivered in good faith via one of the methods listed above.

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