

Scrip Gift Card Pick-Up Waiver Form

2018 - 2019 School Year

Date: _____

Scrip Gift Card Customer Name: _____

Scrip Gift Card Customer Phone Number: _____

Scrip Gift Card Customer E-mail Address: _____

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

Send my Scrip gift card order home with the following student:

_____.

Student Name and Grade

Send my Scrip gift card order home with the following parent:

_____.

Parent Name

Keep my Scrip gift card order in the school office to be picked up by:

_____.

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 Holy Savior Academy 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 _____