

Holy Savior Academy Scrip Pick-Up Waiver

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 _____