

Archangel Gabriel School Scrip Pick-Up Waiver Form

2020 - 2021 School Year

Date: _____

Customer Name: _____

Customer Phone Number: _____

Customer E-mail Address: _____

I understand that Archangel Gabriel School requires scrip program participants to pick-up scrip orders in person. I hereby authorize Archangel Gabriel School to use the following alternative 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 Archangel Gabriel 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: _____