



G A B R I E L R I C H A R D C A T H O L I C H I G H S C H O O L

RAISE RIGHT PROGRAM WAIVER
2024/2025 School Year

Date: _____

Raise Right Customer Name: _____ (Please Print)

Raise Right Customer Phone Number: _____

Raise Right Customer E-mail Address: _____

I understand that Gabriel Richard Catholic High School requires Raise Right program participants to pick up Raise Right orders in person. I hereby authorize Gabriel Richard Catholic High School 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 Gabriel Richard Catholic High School for loss, theft or any other disappearance of Raise Right orders once they are delivered in good faith via one of the methods listed above.

Signature _____

Date _____