



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

**SCRIP PROGRAM PICK-UP WAIVER  
2021/22 School Year**

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

SCRIP Customer Name: \_\_\_\_\_ (Please Print)

SCRIP Customer Phone Number: \_\_\_\_\_

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

I understand that Gabriel Richard Catholic High School requires SCRIP program participants to pick up SCRIP 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 SCRIP orders once they are delivered in good faith via one of the methods listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_