



## SCRIP PICK-UP WAIVER

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

Scrip Customer Name: \_\_\_\_\_

Scrip Customer Phone Number: \_\_\_\_\_

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

I understand that St. Mary Immaculate Parish requires scrip program participants to pick up scrip orders in person. **I hereby authorize St. Mary Immaculate Parish to use the following alternate delivery method (check all that apply):**

Store my Scrip order at the Commons Desk for pick up:

Send my Scrip order home with the following adult:

\_\_\_\_\_

*Adult 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 St. Mary Immaculate Parish 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: \_\_\_\_\_