

**SEAS Scrip Pick-Up Waiver Form  
2016-2017 School Year**

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

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

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

Scrip Customer Email Address: \_\_\_\_\_

I understand that SEAS/SEASPA requires Scrip Program participants to pick up their own Scrip orders in person. I hereby authorize SEAS/SEASPA to use the following alternate delivery method(s). Please check all that apply.

Send my Scrip order home with the following student:

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

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 SEAS/SEASPA for loss, theft, or any other disappearance of my Scrip orders once they are delivered in good faith via one of the methods listed above.

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

*\*The SEAS Scrip program is being administered by SEASPA, SEAS School Parent Association*

## 2016-2017 SEAS Scrip Program Agreement Form

SEASPA (referred to herein as “we”, “us”, and “our”) sponsors a Scrip program which allows you to purchase Scrip. The Scrip you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your fundraising account, your 2017-18 tuition account, and/or a donation to the school’s tuition assistance fund. The parties agree as follows:

Rebates earned will be used in the following way(s):

- 1) **25% will be retained for running the Scrip program (not deductible)**
- 2) 75% will be applied to your family’s 2016-2017 fundraising obligation. Once your complete fundraising obligation has been met, please initial below for where you would like your funds to be credited (select only one):
  - a. \_\_\_\_\_ 75% as a 2017-18 tuition credit for our family (If our family does not enroll at SEAS School for 2017-18, the credit will be placed in the general tuition assistance fund)
  - b. \_\_\_\_\_ 75% to the general tuition assistance fund
  - c. \_\_\_\_\_ 75% to \_\_\_\_\_ family (please fill in first and last name of family you’d like to contribute to)

Our Scrip program distributes the rebates three (3) times a year, in the months of, January, May, and July.

With respect to your charitable contributions, we will provide you with all required acknowledgements under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code.

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks of ACH transfers you issue to pay for your Scrip. We make no representations or warranties of any kind with respect to the Scrip. The agreement continues unless replaced by another, and can be terminated by either of us upon 60 days advance notice to the other.

Please sign and date below to indicate your acknowledgment of the agreement.

Purchaser’s Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Acknowledged for the SEAS Scrip Program

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