



## Rochester Community Schools Mobile Services Acceptable Use Waiver

IN CONSIDERATION of being given the opportunity to participate in the Rochester Community Schools Mobile Services Program for either personal or Rochester Community Schools purchase device, I

\_\_\_\_\_:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Policy 3364, Regulation 3364(R) and the Rochester Community Schools Acceptance Usage Policy, as it applies to services offered by Rochester Community Schools both during and after business hours.
2. FULLY ACCEPT AND ASSUME ALL SUCH RESPONSIBILITY TO INFORM TECHNOLOGY SERVICES OF ANY LOST OR STOLEN EQUIPMENT that may result during my use of the services. To insure that the proper steps can be taken for Rochester Community Schools to maintain their secure environment.
3. FULLY UNDERSTAND that Rochester Community Schools Mobile Services (a) Forces user to set a numeric password on their device; (b) After 12 attempts at entering the incorrect numeric password, the device is wiped clean with all data deleted (including email, calendar, contact and could also include photos, personal files and all incoming and outgoing calling and texting abilities disabled); (c) If the device is reported lost or stolen, the device is wiped clean to factory restore settings and all data (email, calendar, etc.) is deleted.
4. AGREE AND WARRANT that Rochester Community Schools has the right under any circumstance to use the tools listed above, but is not limited to, in order to secure the safety of their network at any time during my participation in the program.
5. HEREBY RELEASE Rochester Community Schools from all liability, claims, demands, losses or damages to my account or to the device caused or alleged to be caused by Rochester Community Schools or Rochester Community Schools' Staff during or after my participation.

**I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement.**

**Printed Name of Participant:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please sign and return to Rochester Community Schools, Media and Technology Department. If you have any questions, please contact [clindner@rochester.k12.mi.us](mailto:clindner@rochester.k12.mi.us).

**To be completed by Rochester Community Schools Media and Technology Department Staff**

Date received \_\_\_\_\_

Received by \_\_\_\_\_