



"RAISING THE STANDARD"

**Computer/Network/Internet
APPROPRIATE USE POLICY AGREEMENT
Guest Agreement**

Guest Name _____

Address _____

Phone _____

Staff Member _____

I have read the Jackson County Acceptable Use Policy. I agree to follow the rules contained in this policy. I understand my access may be terminated at any time.

The purpose for which this access is provided is:

I agree to limit my use to activities related to the above stated purpose.

I hereby release the Jackson County School District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my use of, or inability to use, the Jackson County School District system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

Signature _____ Date _____