## **Plymouth Christian Academy**

## **Student/Parent BYOD Agreement**

43065 Joy Road Canton, Michigan 48187

Please Print All Information:				
Student's Full Name:				
Student's Grade:				
Parent/Guardian Name:				
Street Address:				
City:		State:	Zip:	
Phone: Home	Work:		Cell:	
Email:				
Acceptable Use Policy Agreeme	ent			
Plymouth Christian Academy Tech Academy Policies that include Con complies with all documented term understand that my child will have those associated with adult sites, ch	nology Project. I have discussed inputer Use Policy and Technol is, including the acceptable and access to the Internet and may lat rooms, social networking signature.	ed the Student/Parent ogy Usage Guideline I prohibited use provi- be subject to the risk tes, and other unautho	BREE to allow my child to participate in the BYOD Agreement and Plymouth Christics with my child and will ensure that he/sh sions in the Agreement. I acknowledge are associated with Internet usage, including orized Web sites.  Or any harm resulting from the aforesaid results and the same and the same are same as a same and the same are same as a same are same are same as a same are same are same as a same are same are same are same are same as a same are sa	an ne nd g
Student Signature:				
Date:				
Hold Harmless Agreement				
This Hold Harmless Agreement is entered into on this day of 20 In consideration for being allowed to use a device for the purpose of enhancing delivery of instruction through advanced technology, I (parent/guardian – blease print) hereby agree to waive and to indemnify, defend, and hold narmless Plymouth Christian Academy and its employees from and against all claims, demands, suits, liabilities, damages, losses, and expenses resulting from or arising out of the use of the property described in this agreement, which causes bodily injury, illness, death or other damage to persons or property.				
Parent/Guardian Signature:				
Student Signature:				
Date:				