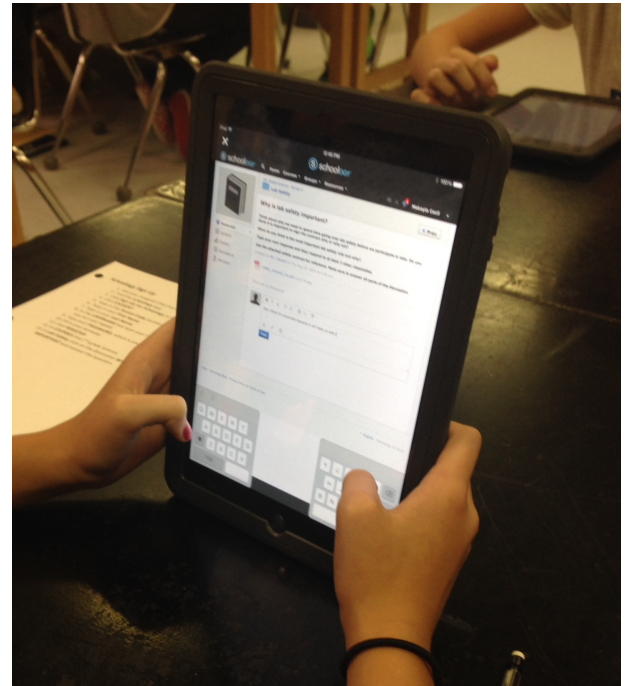
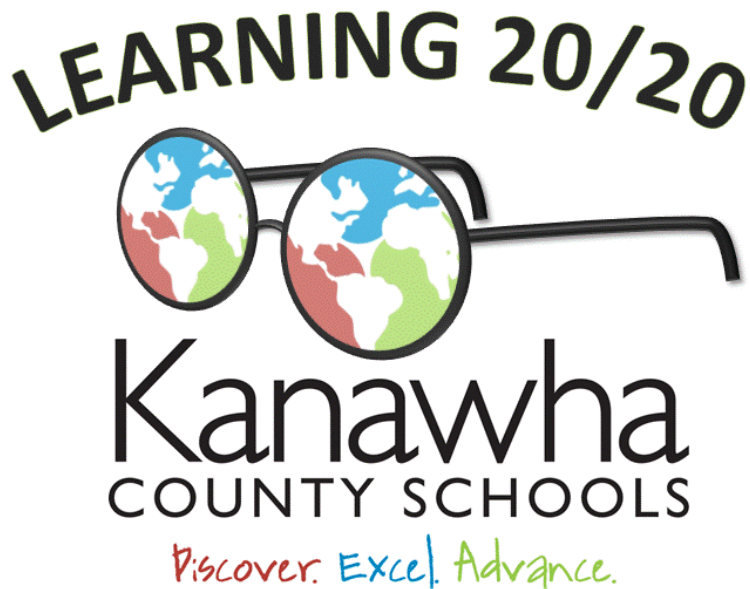


Optional Damage Waiver

Students

2020-2021



Optional Damage Waiver Program For Students

Kanawha County Schools is offering an optional damage/loss waiver for our Learning 20/20 initiative. The annual (**must be renewed each school year**) \$40* fee is completely optional for those that want protection from expenses due to loss/damage of the student issued iPad. There will be a \$49 incident fee for each incident of damage/loss (**loss limited to one instance per school year**). If you choose to participate in the optional damage waiver program, Kanawha County Schools will waive your financial responsibility above and beyond the \$49 deductible for each covered incident occurring in that school year. (Please see attached information sheet.)

To obtain a waiver:

1. Agree to the terms and conditions of the Optional Damage Waiver Program.
2. Please fill out the back of this form and send it to your child's school along with the payment.
3. You may pay via cash/check. Please make checks payable to your child's school.
4. The Damage Waiver does not take effect until your child's school receives the signed form and payment. Existing devices must be examined by school personnel.
5. Waivers must be submitted within 14 days from the first day of school or receipt of device.

Kanawha County Schools - Students

Optional Damage Waiver Program Terms and Conditions

I hereby acknowledge that my child has been and/or will soon be issued an electronic device by Kanawha County Schools for the sole purpose of enhancing his/her education and I am wholly and entirely responsible for loss or damage to this district owned device. I will ensure that my child will use this device in accordance with all policies and procedures, bring it to school daily, and will do everything to protect it from damage and/or loss.

In order to decrease the possible financial responsibility on myself from accidental loss (*limited to one instance*) or accidental damage to the device, I fully accept the Kanawha County School's offer to partially waive my financial responsibility for a future loss/damage, subject to terms, conditions, and deductibles outlined in this agreement and agree to pay the per school year fee of \$40*. (Please see information sheet.)

I understand there are certain conditions not covered by this damage waiver which include:

1. Any dishonest, fraudulent, malicious, or criminal acts.
2. Any loss to software, data, documents, music, videos, recordings or other personal information that I or my child has placed on the device.
3. Loss/damage caused by failure to use all reasonable means to protect the device.
4. Loss of the device not reported to the school/district/local law enforcement. (**24 hours**)
5. Any use resulting in loss/damage that does not adhere to the Kanawha County Schools' policies and procedures.
6. Failure to bring the device to school daily for check-ins may void this agreement.

I am responsible for a per occurrence deductible of \$49 for each claim covered under this agreement and agree to pay the incident fee *immediately* upon confirmation of loss/damage. The confirmation of loss will be determined at Kanawha County Schools' sole discretion. I understand that Kanawha County Schools reserves the right to revoke any and all of my or my child's privileges under this program should there be evidence of careless and/or destructive behavior on my or my child's part.

*Payment is non-refundable and no prorated payments for late school enrollment will be allowed.

By signing this form, you are agreeing to the terms and conditions above and have enclosed the non-refundable payment enrolling you in the Kanawha County Schools Damage Waiver Program. I understand that the annual (each school year) Damage Waiver fee must be submitted no later than 14 days after the student's first day of school or the receipt of the device and that the waiver does not take effect until the school receives the payment.

Student Name: _____

Student ID #: _____

Parent Name: _____

School: _____

Parent Signature: _____

Date: _____

Payment included: Cash/Check

Amount: _____

Please make checks payable to your child's school

For School Use Only: I verify that I have seen the student's iPad and that it does in fact belong to that student and is in good condition/working order. (No physical damage)

Name of Teacher/Administrator: _____ Date: _____