

# Upper Dauphin Area School District

## Insurance OPT Out

I have reviewed the iPad Acceptable Use Policy. I opt OUT of the District's insurance. Since insurance is not being purchased, we understand that we will be financially liable for the full replacement or repair cost as determined by the Technology Department.

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**Date**

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**Signature of Student**

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**Printed Name of Student**

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**Date**

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**Signature of Parent/Guardian**

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**Printed Name of Parent/Guardian**