



Parent/Student Contract

I, _____, the student, agree to abide by the iLAND5™ Acceptable Use Policy (AUP) and Zero Tolerance Policy.

The acceptable use of these sites includes, but is not limited to, the following:

- Use of iLAND5.com or any SafeWave™ site, is a privilege not a right. If I abuse that privilege I expect to lose it.
- I will use iLAND5.com or any SafeWave™ site, politely and with respect for other people and iLANDers.
- I will not hide things that I am doing online from my parents or guardians.
- I understand that my parents could be held financially liable for any damage I cause to computers of others and for any harm I cause to other people.
- I understand that I am not responsible for what other people say and do on the internet, therefore if someone else online says or does something offensive or disturbing, or if I see images on a website that make me feel upset or disturbed in any way, I will tell my parents or guardians.
- I will not respond to any messages that make me feel upset, angry or scared. I will never give out my full name, my home address or telephone number, or my school name to anyone else online without my parent or guardian's permission.
- I will not agree to physically meet anyone I've met online without my parent or guardian's permission.
- I understand that should I participate in any unacceptable or illegal activity while using iLAND5.com, that SafeWave™ will turn over any documents requested by the appropriate administrative or legal authorities.

Student Signature _____ Parent/Guardian Signature _____

Date _____

Permission Slip - Cut Here



Parent/Guardian Authorization to Confirm My Child's Identity for iLAND5.com Network

I, _____ (Parent/Guardian), give my consent for _____ (School or Approved SafeWave Partner Organization) to confirm my child _____ with the Date of Birth, _____ for iLAND5.com. I am requesting verification be initiated with the receipt of this signed permission slip.

PARENTS'; WHEN SUBMITTING TO AN ORGANIZATION PLEASE PROVIDE A LEGAL DOCUMENT OF AGE

Non-School Official Use

Document Submitted: Birth Cert Immunization School ID Law Enforcement ID Baptismal Cert
 Other _____ iLAND5 LifeGuard Initials _____

Methods of Confirmation:

- Send an Email to envoy@iland5.com: stating the School or Organization's name, the name and phone number of the person submitting verification of the child's name and birthdate. **OR**
- Sign Up your school or Org. on www.iland5.com network and access a secure verification webpage. **OR**
- Access your secure iLAND5 LifeGuard webpage with your pre-assigned login information.

I understand the sole purpose of any School or Organization's role is to provide a confirmation of my child's online registration identity. The confirmation of identity in itself shall be deemed to be a waiver of any and all claims against the School or Organization and in no event shall the School or Organization be held responsible or liable for any damages, claims, or actions as a result of access or membership in iLAND5.com.

Parent Signature _____ Date _____