

**EMPLOYEE EMPOWERED DIGITAL USE POLICY –
EMPLOYEE ACCOUNT AGREEMENT**

Name _____

Position _____

School or Department _____

I have read the NPS Empowered Digital Use Policy. I agree to adhere to this Policy. I understand that if I violate this Policy, I may face disciplinary action, up to and including termination.

I hereby release the Nantucket Public Schools, 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 computer system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

Signature _____ Date _____