

Patron Name: _____ Hotspot ID Number: _____

Great Falls Public Library Wi-Fi Hotspot Checkout Agreement

Use of a library hotspot is subject to the term and conditions set forth in this Checkout Agreement, and by checking out the hotspot, you agree to the following:

1. I understand that the hotspot can only be checked out by a Great Falls Public Library cardholder who is at least 18 years of age or has a signed hotspot permission form and who has a library card in good standing.
2. I understand that the hotspot can be checked out for 28 days. It must be returned to a staff member inside the Library by the due date, with all included cables and in the original packaging. The hotspot may **NOT** be returned to the bookdrop. If the hotspot has not been returned on its due date, the service to it will be terminated and it will become unusable.
3. I understand that the Library has no control over and cannot guarantee the availability of hotspot service or continuous service or speed of the connection.
4. I understand that any attempt to alter data or the configuration of the Mobile Hotspot is strictly prohibited and may be considered an act of vandalism and subject to full replacement cost value. If I do not return the hotspot to the Library in good working condition, and free from damage, with all included parts and in the original packaging, I will be charged a \$100.
5. I understand that the hotspot has filtering software in compliance with the Children's Internet Protection Act (CIPA), and that I am responsible for monitoring what my children and other minors access or view while using the hotspot.
6. I understand that I must comply with the Service Providers Acceptable Use Policy, Privacy Policy and Terms of Use, as well as Library's Internet Use Policy. It is my responsibility to read and abide by these policies and to comply with all Federal and State Laws.
7. I understand that open, unsecured wireless network "Hotspots" are freely and easily accessible and are unsecure. I understand that the Service Provider and the Great Falls Public Library, and their officials and employees are not responsible for, and I will not hold them responsible for any files, data, confidential or personal information accessed, transmitted, lost or damaged as a result of using the hotspot.

By signing below, I acknowledge that I have read the above terms and conditions and agree to abide by them.

Signature

Date

Printed Name

Staff Use Only:

I have verified the patron's address and phone number on their account.

I have verified that they are at least 18 years of age or have a signed hotspot permission form.

Staff Initials: _____

Staff Initials/Date on Return: _____

