EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

| 1. Offer of Terms | | | | | | |
|--|--|--|-----------------|------------------|------------------------------|------------------------|
| Provider offers the same | privacy protections found | d in this DPA bety | ween it a | ind [Co | unty School | District] |
| ("Originating LEA") which | h is dated [|], to any othe | r LEA ("S | Subscribing LE | A") who ad | ccepts this |
| General Offer of Privacy T | erms ("General Offer") th | rough its signatur | e below. | This General C | Offer shall e | xtend only |
| to privacy protections, an | id Provider's signature sha | all not necessarily | bind Pro | ovider to other | r terms, suc | ch as price, |
| term, or schedule of service | ces, or to any other provisi | on not addressed | in this DI | PA. The Provid | er and the S | Subscribing |
| LEA may also agree to ch | ange the data provided b | y Subscribing LEA | to the P | rovider to sui | t the uniqu | e needs of |
| the Subscribing LEA. The | Provider may withdraw th | he General Offer | in the ev | ent of: (1) a n | naterial cha | inge in the |
| applicable privacy statue | s; (2) a material change i | in the services ar | nd produ | cts listed in th | ne originati | ng Service |
| Agreement; or three (3) y | | | | | | |
| the signed <u>Exhib</u> brad@spor | | ovider at | the | following | email | address: |
| | · | | | | | |
| sportsYou | 1 | | | | | |
| DV. 1391/1 | | | | 8/20/202 | 4 | |
| BY: | | | Dat | e: 8/20/202 | - | |
| Printed Name: Bradford | l Matthews | Title/Posit | ion: Pre | sident | | |
| | | | | | | |
| A Subscribing LEA, by signing General Offer of Privacy To of this DPA for the term of ITS EFFECTIVENESS, SUBSTANTICLE VII, SECTION 5. ** | erms. The Subscribing LEA of the DPA between the [_ CCRIBING LEA MUST DELI | and the Provider Tooele County Scho | shall the | refore be bou | nd by the sa Provider. ** | ame terms *PRIOR TO |
| BY:Date: | | | _Date: | | | |
| Printed Name: | red Name: | | Title/Position: | | | |
| SCHOOL DISTRICT NAME: | | | | | | |
| DESIGNATED REPRESENTA | ATIVE OF LEA: | | | | | |
| Name: | | | | | | |
| Title: | | | | | | |
| Address: | | | | | | |
| Telephone Number: | | | | | | |
| Email: | | | | | | |
| | | | | | | |