

ADT SoSecure Parental Consent Form

Children under the age of 13 (“Children” or “Child”) are not able to use the ADT application or Services without express written permission of a parent or legal guardian (“Parent(s”).

A Parent must submit this form in order to allow a Child to use the Services. Once you have granted consent for the Child to use the Service, ADT and/or the third party service providers described in our privacy policy located [here](#) (“Privacy Policy”) will collect information such as name, email address, mobile phone number, device ID, motion sensor, and location data including GPS, WiFi and mobile location. ADT will disclose this information to other users of the Service that have permission to access this information, and the child will be able to send and receive messages to and from other users of the Service. ADT may also share personal information, including location data, collected from a Child with our third party service providers or partners, as described in our Privacy Policy. However, we will not use or share personal information associated with any account registered by a Parent for a Child with third party partners for advertising purposes.

Parental consent is required for the collection, use or disclosure of information from Children. A Child will not be allowed to use the Service and ADT will not collect this information without Parental consent.

Please print the form below, complete it and return by mail or electronically scan by email to the contact information below.

Mailing Address:

ADT Security
Attn: Emerging Markets
1501 Yamato Rd
Boca Raton, FL 33431

Email: SoSecureConsent@adt.com

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Please confirm the name and contact information for the Child for whom you would like to grant access to ADT.

First Name of Child (required): _____

Mobile Phone Number of Child's Phone (required): _____

Email Address of Child (optional): _____

I have reviewed the ADT Privacy Policy located [here](#). By consenting, I understand that I am enabling my Child to participate in all aspects of the ADT Service, including posting messaging and sharing location data with other users on the Service.

I understand that I can contact ADT at any time to determine what information about my Child has been collected, to confirm how that information is used, and to request that the application or Service no longer collects information from my Child and/or to delete information previously collected from my Child.

Full Name of Parent/Legal Guardian: _____

ADT Login ID (phone number or email address): _____

Relation to Child: _____

Signature: _____

Email Address: _____

Date: _____

View ADT's Privacy Policy [here](#).