Video Remote Communications Consent and Release

Please execute the following if you wish for your Student to participate in video conferencing with teachers, employees, and other students to facilitate remote learning.

Parent/legal guardian name: ______________________________________________________

Student name: _______________________________________________________ (“Student”)

As the parent or legal guardian of Student, I hereby consent to the participation of Student in video conferencing with teachers, students, and others. The video conferencing may take place via Google Hangouts, Google Meet, Zoom, or some other platform or service.

I agree and understand that ReNEW Schools, its officers, agents, employees, students, assigns, and licensees (collectively referred to as the “School”) is not responsible or liable for the content of the communications delivered via video conference. Further, the School makes no promises or guarantees as to the availability, quality, or security of the video conferencing service or the content delivered.

I acknowledge that video conference communications may occur in a one teacher to one student environment, and expressly consent to the same.

I understand that during video conferences, students and sometimes members of the student’s household may be visible/audible to other participants. It is also possible that others in the participant’s household may see or hear the participants. I agree to avoid the inclusion of others in the background of the video to the extent possible.

In the course of the video conference, the School may collect information about the Student, including but not limited to name.

I acknowledge that the School may in its sole discretion, but is not required to, record any such video conferences.

I further hereby perpetually and irrevocably grant to the School the absolute right, permission, and license to record Student’s likeness and/or voice as used in any video conference with still photography, film, videotape, digital recording or storage device and to edit such still photographs, film, videotape, or digital files at the School’s discretion, and to use, reproduce, display, and/or distribute, and/or to make derivative works from any of them for educational purposes.
I do hereby waive any right to inspect or to approve the still photographs, films, videotapes, digital files or presentations or the editorial or printed matter that may be used in conjunction therewith. I further waive any claim that I have or may have with respect to the eventual use to which any of the aforementioned materials are or may be applied. Such still photographs, films, videotapes, or digital files may be used at the School’s sole discretion, with or without my name, alone or in conjunction with any other material of any kind or nature.

I further expressly agree that the foregoing release is intended to be as broad and inclusive as is permitted by the laws of the State of Louisiana and any applicable federal law, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read and understand these terms. I am signing the release freely and voluntarily.

Parent/Guardian Signature: _____________________________________________ Date: __________

Parent/Guardian Phone Number(s): _____________________________________________