

# Irving ISD Videoconferencing Participant Waiver

I understand that in a Distance Learning Classroom my voice, physical presence, and participation in classroom activities will be transmitted to distance learning sites and will be electronically recorded. I hereby agree that my voice, presence, and participation, and electronic recording of these classes will not be a violation of my personal rights and hereby release any claims for the use of such.

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Signature Date

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Please Print Name

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Parent Signature (if needed)

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Instructor's Signature

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Administrator's Signature