RELEASE OF CLAIMS/WAIVER OF LIABILITY

I understand that(Print name of student)	will be participating in the
distance learning program <i>History Mystery</i> at(Nam	
will involve the transmission of data, images, an	
This program is hosted by the Humble Independent School District in Humble, Texas and the	
Texas Education Telecommunications Network.	
In consideration of permitting the Studer	nt to participate in the distance learning program,
I hereby give my consent to permit the Student to participate in the distance learning course or	
program. I understand and agree that the Student's image and voice may be transmitted to one of	
more remote locations and potentially be rebroadcast by means of videotape or other media in	
the future.	
I agree to release the and the distance learning (Name of your school district) program's hosts (Humble ISD and TETN) as well as the board, officers, employees, agents,	
representatives, and volunteers of each organization from any claim, liability, or demand of any	
kind that may result from the transmission, broadcast, or rebroadcast of the student's image. I	
agree that this release binds the Student, my heirs, administrators, executors and/or assignees.	
BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY	
UNDERSTAND THE INFORMATION CONTAINED IN THIS DOCUMENT.	
(Signature of Parent or Guardian)	(Date)
(Print or Type Name of Parent or Guardian)	

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