GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and

_____ ("Originating LEA") which is dated _____ to any other LEA ("Subscribing LEA") who accepts this General Offer of Privacy Terms ("General Offer") through its signature below. This General Offer shall extend only to privacy protections, and Provider's signature shall not necessarily bind Provider to other terms, such as price, term, or schedule of services, or to any other provision not addressed in this DPA. The Provider and the Subscribing LEA may also agree to change the data provided by Subscribing LEA to the Provider to suit the unique needs of the Subscribing LEA. The Provider may withdraw the General Offer in the event of: (1) a material change in the applicable privacy statues; (2) a material change in the services and products listed in the originating Service Agreement; or three (3) years after the date of Provider's signature to this Form. Subscribing LEAs should send the signed **Exhibit "E"** to Provider at the following email address:

support@gonoodle.com

_____.

PROVIDER:_____GoNoodle, Inc._____   05 / 03 / 2021

BY: _____*KC Estenson*_____Date: _____   PROVIDER SIGN DATE

Printed Name: _____KC Estenson_____Title/Position: _____CEO_____

2. Subscribing LEA

A Subscribing LEA, by signing a separate Service Agreement with Provider, and by its signature below, accepts the General Offer of Privacy Terms. The Subscribing LEA and the Provider shall therefore be bound by the same terms of this DPA for the term of the DPA between the   INSERT SCHOOL DISTRICT OR LOCAL EDUCATION AGENCY

and the Provider. **PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **

LEA: Twin Rivers Unified School District

BY:_____*Kristen Coates, Ed.D.*_____Date:_____12-08-2021_____

Printed Name: ___KristenCoates, Ed.D._____ Title/Position:__Chief Business Officer____

SCHOOL DISTRICT NAME: __Twin Rivers Unified School District_____

DESIGNATED REPRESENTATIVE OF LEA:

Name: _____KristenCoates, Ed.D._____

Title: _____Chief Business Officer_____

Address: _____5115 Dudley BLVDMcClellan ParkCalifornia95652_____

Telephone Number: ___(916) 566-1600 ext. 31203_____

Email: _____kristen.coates@twinriversusd.org_____

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