**CURRICULUM PATHWAYS**

**INFORMED CONSENT AND RELEASE**

I, the undersigned parent/guardian/caregiver, hereby understand that Cambridge Public Schools, will be utilizing the services of Curriculum Pathways, which is an online interactive, standards – based resource used as an online practice and assessment tool in my child’s math classroom. By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing my child to utilize these online services. I also understand that in connection with authorizing my child to utilize these online services, I will have to register my child for an online account with Curriculum Pathways as detailed in the cover letter that accompanied this release I also understand that in connection with the use of this online services in my child’s class, they may be posting their name, image, likeness, spoken words, student work, performance and movement and/or other personal and/or personally identifiable information, in any form (hereinafter collectively referred to as “Works”), and displaying, publishing, distributing or exhibiting these Works within the services of Curriculum Pathways and that access to these Works will be through my child’s account and also will be able to be viewed by my child’s classroom teacher. I further hereby acknowledge and agree that the City of Cambridge, Cambridge School Committee and Cambridge Public Schools do not own or control Curriculum Pathways and that my child’s Works shall be managed and controlled by Curriculum Pathways in accordance with its privacy policy and terms of use, copies of which can be found at: <https://www.curriculumpathways.com/portal/#/privacy> and <https://www.curriculumpathways.com/portal/#/termsofuse>.

By entering into this informed consent and release and granting the permission as stated herein, I am also releasing the City of Cambridge, Cambridge School Committee and Cambridge Public Schools and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my child’s usage of Curriculum Pathways. I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/LC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Caregiver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Caregiver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_