

CONEJO VALLEY UNIFIED SCHOOL DISTRICT
Independent Study Physical Education
Insurance Waiver and Assumption of Risk

<hr/> Student name	<hr/> Student Number	<hr/> Grade Level
<hr/> Street Address	<hr/> Age	<hr/> Birth date
<hr/> City, State, Zip Code	<hr/> School of Enrollment	
<hr/> Independent Study Physical Education Activity	<hr/> Beginning Date	<hr/> Ending Date
<hr/> Name of Facility Providing Program	<hr/> Address of Facility Providing Program	

I voluntarily request that Conejo Valley Unified School District waive the requirement for the Facility providing the Independent Study Physical Education Program for my son/daughter, named above, to procure and maintain Abuse/Molestation insurance coverage.

As a condition to this request to waive Abuse/Molestation insurance coverage, I agree to the following:

- _____ (Initial here) I will be at the Facility providing the Independent Study Physical Education at all times that my son/daughter is at the facility;
- _____ (Initial here) I will not leave my son/daughter alone with anyone at the facility. I will maintain visual observation of my son/daughter at all times that my son/daughter is at the facility, except when my son/daughter is in restroom facilities;
- _____ (Initial here) If I cannot maintain visual observation of my son/daughter at all times, except when my son/daughter is in restroom facilities, then my son/daughter will not qualify for Independent Study Physical Education at the named facility.
- _____ (Initial here) In the event I am unable to attend and supervise my son/daughter at the facility, I agree to either not have my child participate on that day or to secure the assistance of an adult known to me and to my child to step in and meet my obligation. (Please note: ISPE facility site staff are not eligible to be the other adult designee.)
- _____ (Initial here) I acknowledge that the school is relying on my representations to provide the necessary direct supervision of my child. Should I and/or a substitute adult fail to appear and my child be at the facility on that date, I waive and relinquish on behalf of my child any claim loss or damage arising out of the activity.

Independent Study Physical Education, having no school staff present, poses some inherent risk of a participant being seriously harmed and/or maltreated. This harm and/or maltreatment could include, but is not limited to, the following: 1) Mental abuse, 2) Physical abuse, 3) Sexual abuse, 4) Sexual assault, and 5) Sexual molestation.

I agree to, and do hereby release and hold the Conejo Valley Unified School District and its governing board, officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including forms of abuse or assault listed above, bodily injury or death; because of or arising out of acts or omissions with respect to the Independent Study Physical Education program.

I acknowledge that I have carefully read this "Independent Study Physical Education, Insurance Waiver and Assumption of Risk" form and that I understand and agree to its terms.

<hr/> Signature (Parent or legal guardian)	<hr/> Date
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<hr/> Home telephone	<hr/> Mobile telephone	<hr/> Work telephone
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CVUSD Approval Approved Not Approved

<hr/> CVUSD Administrator or Designee	<hr/> Signature	<hr/> Date
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