



Conejo Valley Unified School District Independent Study Physical Education Insurance Waiver and Assumption of Risk

Student name

Student Number

Grade Level

Street Address

Age

Birth date

City, State, Zip Code

School of Enrollment

Independent Study Physical Education Activity

Beginning Date

Ending Date

Name of Facility Providing Program

Address of Facility Providing Program

I voluntarily request that Conejo Valley Unified School District waives 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.

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,
- 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.

Signature (Parent or legal guardian)

Date

Home telephone

Mobile telephone

Work telephone

CVUSD Approval

- Approved
- Not Approved

CVUSD Administrator or Designee

Signature

Date