



Informed Consent and Liability Release
Acknowledgment and Assumption of Risk
Pleasant Valley School District
Voluntary Independent Study Physical Education

Student Name

Student Number (ID#)

Grade Level

Parent/Legal Guardian (Please print)

Student Address

School of Enrollment

Independent Study Physical Education Activity

Program Facility Supervising Teacher

I authorize my student, named above, to participate in the indicated Independent Study Physical Education activity. I understand and acknowledge that physical education activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such physical education activities.

This Independent Study Physical Education activity, by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- Sprains and strains
- Fractured bones
- Lacerations, abrasions, and avulsions
- Unconsciousness
- Paralysis
- Disfigurement
- Head injuries
- Loss of eyesight
- Death

I understand and acknowledge that participation in Independent Study Physical Education activities is completely elective and voluntary and as such is not required by Pleasant Valley School District. I also understand that if I do not consent to my student's participation in the Independent Study Physical Education activity, they will be offered an alternative course of study, in which they may work for promotion credit.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the Independent Study Physical Education activity. To the extent permitted by the California *Education Code*, any participant determined to be in violation of behavior standards may be removed from this Independent Study Physical Education activity.

I understand and acknowledge that to participate in these activities, I and my student agree to assume liability and responsibility for any and all potential risks that may be associated with participation in Independent Study Physical Education activities.

I agree to and do hereby release and hold the Pleasant Valley 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 bodily injury or death, because of or arising out of acts or omissions with respect to the Independent Study Physical Education activity.

I acknowledge that I have carefully read this "Voluntary Independent Study Physical Education, Informed Consent and Liability Release, Acknowledgment and Assumption of Risk" form and that I understand and agree to its terms.

Signature (Student)

Date

Signature (Parent/Legal Guardian)

Date

Home Telephone

Mobile Telephone

Work Telephone