



Release of Responsibility
Pleasant Valley School District
Independent Study Physical Education

Name of Student

Name of School

The above-named student is participating in Independent Study Physical Education (ISPE). PE will be the last period of the day for students participating in ISPE. Please be aware of district-wide early dismissal day, as dismissal time will be earlier on that day.

I _____, parent/legal guardian choose the following option(s) to release my child for Independent Study PE.

- ☐ Student will be signed out on a pre-printed sign-out sheet by a parent or legal guardian.

Mark days for above choice: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

- ☐ The person designated below will sign out student:

Mark days for above choice: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

- ☐ Student may sign themselves out, leave school immediately, and go to their destination.

Mark days for above choice: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

I hereby release the Pleasant Valley School District from all responsibility for the options selected above. I further waive all claims against the Pleasant Valley School District for injury, accident, illness, and/or death occurring as a result of the District and its agents approving and honoring this request. I understand that this release of responsibility is **not approved** until signed by my student's school Principal.

Please Print:

Name of Parent/Legal Guardian

Relationship

Signature of Parent/Legal Guardian Named Above

Date Signed

This form expires on July 1st of every year and must be renewed annually. The request may be withdrawn, and the approval revoked, at any time upon written notification by the parent or legal guardian.

Approval by Principal: _____

Date: _____