



## Off-Campus Independent Study Physical Education (“ISPE”) Application Form

In order to pursue earning 0.5 PE credit via Independent Study PE (“ISPE”), the student applicant or the applicant’s parent/guardian needs to complete this application and affirm that the student meets the following requirements: (please check the boxes to indicate that the applicant meets each requirement)

- Is not enrolled as a Teacher’s Aide (TA) during the time the ISPE is being undertaken
- Is enrolled with a full course load during the time the ISPE is being undertaken
- Has passed the most recent PE class in which he/she was enrolled
- Is aware that completing a fitness knowledge assessment is part of the ISPE

<b>Date</b>		
<b>Student Last Name</b>	<b>Student First Name</b>	
<b>Student ID</b>	<b>Current Grade</b>	
<b>Parent/Guardian Name</b>	<b>Home Phone</b>	<b>Work Phone</b>
<b>Home Address</b>	<b>Parent/Guardian E-mail</b>	

Has the applicant previously earned any PE credit(s) by completing an Independent Study PE class?  No  Yes  
 If yes, when did that occur and at which school? \_\_\_\_\_

Briefly explain why this proposed Independent Study Physical Education course of study is requested and should be considered as a substitute for regular attendances and participation in the required school physical education program.

---



---



---



---



---



## Independent Study Physical Education ("ISPE") Consent and Release Agreement

Student Name: \_\_\_\_\_ ISPE Program: \_\_\_\_\_

This is an assumption of risk and release of liability agreement. Please read carefully and sign below.

- **Voluntary participation:** The Walla Walla School District and its officers, administrators, teachers, employees, and agents ("District") do not require participation in the ISPE Program. Participation in the ISPE Program is voluntary and is not required as a part of the school curriculum.
- **Not organized, supervised, or endorsed by District:** The ISPE Program involves physical activities which are not organized, supervised, or endorsed by the District and which occur off District premises. You/your child will not be under the supervision or control of any District personnel while participating in the ISPE Program. The District does not hire, train, or supervise ISPE Program instructors or staff. The District does not inspect the ISPE Program's premises or equipment to assess its safety or potential for injury. The District does not warrant and is not responsible for ensuring the ISPE Program's compliance with RCW 28A.600.190 and RCW 28A.600.195 (if applicable). Approval of this application is not an assurance of the qualifications of the ISPE Program's instructors or staff or the safety of the facilities and equipment.
- **Assumption of risk:** The ISPE Program is a physical education program which carries risk of injury, death, and damage to property. In addition, all physical activities have inherent risks of injury which are inseparable from the activity and cannot be entirely eliminated. We, the undersigned, voluntarily assume all risk of potential injury, death, and damage to property associated with the ISPE Program, including all risks that are presently known and unknown and the risk of ordinary negligence.
- **Release, discharge, and hold harmless:** We, the undersigned, voluntarily agree to release, discharge, and hold harmless the District from any and all claims related to the student's participation in the ISPE Program, including claims for injury, death, and/or damages arising in whole or in part from any act or omission of negligence, and any claims arising out of any alleged failure to comply with RCW 28A.600.190 and RCW 28A.600.195.

**WE, THE UNDERSIGNED, HAVE READ THIS DOCUMENT IN ITS ENTIRETY; UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME THE RISK OF PARTICIPATING IN THE ISPE PROGRAM; UNDERSTAND THAT IT IS A RELEASE, DISCHARGE, AND HOLD HARMLESS FOR ALL CLAIMS AGAINST THE DISTRICT RELATED TO PARTICIPATION IN THE ISPE PROGRAM; AND SIGN BELOW TO INDICATE OUR ACKNOWLEDGEMENT AND VOLUNTARY ACCEPTANCE OF THIS AGREEMENT.**

Student/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_