



# Physical Education Waiver Worksheet

Briefly describe the activity/activities in which you will participate.

Name of Instructor

Qualifications of Instructor

How many hours a week will be verified by your instructor?

Your program will begin on \_\_\_\_\_.

Your program will end on \_\_\_\_\_.

How often will your program be evaluated by your instructor?

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_