

RADFORD UNIVERSITY

Department of Physical Therapy

Patient/Volunteer Release Form

I, _____, hereby volunteer to be a patient for purposes of participating in classroom and practical laboratory sessions with Radford University students of physical therapy under the supervision of a licensed physical therapist. I understand that faculty and students will evaluate my physical or functional impairments and that I will be asked to perform certain physical tasks with or without adaptive equipment. I hereby release Radford University from any liability with respect to such participation which I agree to undertake voluntarily being fully informed of the nature of the involvement and risks inherent therein.

Signed and dated:

Signature of Patient/Guardian

Date

Signature of Witness

Date