

RADFORD UNIVERSITY

Department of Physical Therapy

Doctor of Physical Therapy Program

Student Informed Consent for Laboratory Participation Form

All course participants must read and sign before participating in laboratory.

As a laboratory attendee, I represent and warrant that I am physically healthy and I have no medical conditions, including pregnancy, which would prevent my participation in the hands-on demonstrations and laboratory sessions.

By participating in the laboratory, I agree to assume full responsibility for any risks, injuries, damages, seen or unforeseen, whether caused by me or by any other person, which I may incur as a result of participation. I knowingly, voluntarily and expressly waive any claim, and indemnify and hold Radford University, the course instructors and any other attendees, harmless against any injuries or damages that I may sustain as a result of participation and/or use of any lab equipment or any attendee. I also understand laboratory content is not intended for use by participants outside of the regulatory scope of practice of their license(s).

Please sign next to your name acknowledging that you have read the above participation waiver and release agreement and fully understand its contents and that you voluntarily agree to the terms and conditions stated above.

Student Name (PRINT)	Student's Signature	Date
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Witness (PRINT)	Witness's Signature	Date
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**This page is to be returned to the Department
Chairperson/Program Director.**