

**INFORMED CONSENT FOR TREATMENT BY FELLOW STUDENTS AND/OR FACULTY RELEASE FORM**

I understand that the training of a respiratory therapist requires practicing of physical assessments and treatment modalities. Such practice may require a fellow students to perform such assessments or treatment modalities on me, and I consent to have these activities performed on my person. Liberty University, nor employees of the University, shall be responsible for any accident or injury that may occur, whether caused by their negligence or otherwise. I release the Liberty University from any liability that might arise out of any injuries that I might incur as a result of my participating as a subject for the practice of physical assessments and treatment modalities.

**LU RTP RTS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**(Printed Name):** \_\_\_\_\_