

Lane Community College  
Physical Therapist Assistant Program

## Release Form for Instructional Purposes

☐ I have been informed of and acknowledge that participation in physical exercise involving flexibility, strength, balance, agility, and aerobic exercise, including the use of equipment and devices, is a potentially hazardous activity. I have also been informed of and acknowledge that participation in physical therapy can pose potential risks of serious bodily injury or death.

I HEREBY ACCEPT THE RESPONSIBILITY FOR ANY HARM, INJURY, OR DAMAGE THAT MAY RESULT FROM MY PARTICIPATION IN INSTRUCTIONAL TRAINING.

I HEREBY RELEASE, ABSOLVE, INDEMINFY AND AGREE TO DEFEND AND HOLD HARMLESS LANE COMMUNITY COLLEGE, ITS OFFICERS, EMPLOYEES, AGENTS, AND STUDENTS FOR ANY CLAIM ARISING OUT OF ANY INJURY TO ME, WHETHER THE RESULT OF NEGLIGENCE OR ANY CAUSE. I VOLUNTARILY AND KNOWINGLY ACKNOWLEDGE, ACCEPT, AND ASSUME THESE RISKS.

☐ I have read this waiver and release of claims and covenant not to sue. I am aware that this is an agreement not to sue and constitutes a complete release of liability by me and by the program participant. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed.

Participant Initial here: \_\_\_\_\_

I agree my participation in physical therapy is strictly voluntary.

I agree my participation in each and every exercise and activity within the physical therapy training program is voluntary and I may choose not to participate, or limit my participation in any exercise or activity at any time.

☐ I agree to participate in classroom and demonstration activities for instructional purposes. I acknowledge that I may refuse the right to participate in the aforementioned activities at any time without prejudice.

☐ I authorize Lane Community College to use my likeness, without charge, for instructional purposes in the Physical Therapist Assistant or Health Professions programs, including video/audio, password-protected web pages, or in other formats.

☐ I **do not** authorize Lane Community College to use my likeness for instructional purposes in the Physical Therapist Assistant or Health Professions programs.

Printed name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

*Thank you.*