PT Program - Activity Release

Realizing that during my courses of instruction in the Physical Therapy Program, I will be involved in various class activities or activities to fulfill course requirements, I will not hold the University of Cincinnati, any of its employees, any facility affiliated with the University through a clinical contract, or any employee of these facilities responsible for any injuries or loss which might occur while participating in these activities.

PT Program - Travel Release

Realizing that during my courses of instruction in the Physical Therapy Program, I will be transported from one facility to another to work or observe in various facilities. I do not hold the facility in which I am studying, the driver of the vehicle, or the University of Cincinnati or any of its employees responsible for any injuries or loss of property which might occur while being transported.

Video/Photography Consent Release

I, _________________________________________________________, give my consent to have the students/faculty of the Physical Therapy Program of the University of Cincinnati videotape/photograph me on __(as needed)______________________. I consent to the taping/photographs and release the University of Cincinnati, its authorities and personnel from any responsibility in the taking of my picture. I realize that this videotape/these pictures may be shown to students and/or faculty of the Physical Therapy Program and consent to its/their use for educational purposes. I know that I will receive no payment for this video/these pictures.

____________________________________________________________________
Print Name

____________________________________________________________________
Signature   (If under 18, guardian must sign)       _____________________

____________________________________________________________________
Witness Signature                                              Date