



Appendix I: Informed Consent to Participate in Class (Adult)

Informed Consent

I, _____, desire to participate as a volunteer in the following educational class in the UW-Stevens Point (UWSP) Doctor of Physical Therapy Program (DPT). I am at least 18 years old.

DPT Course: (insert here): _____

Course Instructor and Contact Information: _____

I understand that the purpose of the above-mentioned class is to allow DPT students to practice physical therapy skills. I understand that I am voluntarily allowing these students, who are not licensed physical therapists, to practice their physical therapy skills and techniques on me. Faculty instructors, who are licensed physical therapists, will provide direct supervision to the students at all times during such practice.

I understand that the instructors and/or the students may ask me about a number of things, including my past and current medical history, my family history, current living situation and activities that I perform on a daily basis. In addition to requesting this information from me, as the class progresses, students and instructors may also perform clinical tests, ask me to move or exercise, and may use physical therapy techniques and equipment to assess my movement abilities and/or to practice treating me.

Some of the skills the students practice may require that they touch me. I also understand that I may be asked to allow a part of my body to show in order to facilitate student learning. Any time I feel uncomfortable or experience any discomfort or pain, I will tell the student or the instructor.

Information collected about me during the class will be kept confidential to the full extent permitted by law and it will be used for education purposes only. No information about me will be published or used for research purposes. It is possible that we may ask you if we can videotape or photograph you for educational and/or publicity purposes. If you agree, you will be asked to sign a separate photo/video release and others may learn that you have participated in the class and have received treatment. You do not have to agree to be photographed and/or videotaped in order to volunteer.

I understand that my participation in the class is voluntary and I may withdraw at any time. I have discussed with the instructor whether it is appropriate that I volunteer and under what circumstances I should refrain from doing so. To my knowledge, I have no health problems that prevent me from volunteering.

In consideration for being allowed to participate in this activity, I hereby release and agree to indemnify the Board of Regents of the University of Wisconsin System on behalf of UWSP, its officers, agents, employees and volunteers, from and against any liability and claims of any sort on account of property damage, personal injury, or death which may result from my participation in the class, unless such damage or injury is a result of gross negligence or intentional misconduct on the part of UWSP.

In the event of a medical emergency, I authorize UWSP and its designated representatives to consent, on my behalf, to any emergency care or treatment to be rendered upon the advice of an appropriate health care provider. I have health and hospitalization insurance or medical assistance which will provide for my medical expenses in the event of injury. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this consent.

Participant's Signature

Date