Neurodiagnostic Technology Program (NDT)

Assumption of the Risk and Release of Liability

I, ________________________________, voluntarily desire to participate in and hereby consent to having neurodiagnostic lab exercises performed on me by the faculty and/or student of the Neurodiagnostic Technology Program at Bellevue College. I am aware that neurodiagnostic recording will be monitored by the lab instructor and will be kept within appropriate limits.

I am aware that incidental neurodiagnostic findings may occur during a recording session and that this neurodiagnostic recording should not, in any manner, be considered a diagnostic exam for the purpose of medical treatment. I understand that it is my responsibility to seek any medical treatment from my healthcare provider and that the costs of any such medical attention and/or treatment are my sole responsibility.

In consideration of and based upon my participation in this neurodiagnostic recording of the possible risks and voluntarily accept all risks, including, but not limited to, risks of inaccurate diagnostic neurodiagnostic recording. I agree to release, hold harmless and indemnify the College from any and all liability. I do not hold the Neurodiagnostic Technology Program or Bellevue College responsible for this practice exam, the results of any incidental findings, or the costs of medical care and/or treatment or for any injury or adverse effects that might occur on the premises.

_________________________________________  ______________________________________
Volunteer/Student                          Lab Instructor

_________________________________________  ______________________________________
Date                                          Witness

**Please print, sign and return to Mack Carter, Program Manager**