

**WEBER STATE UNIVERSITY  
RESPIRATORY THERAPY PROGRAM**

**AGREEMENT**

I, \_\_\_\_\_ voluntarily agree to participate in the planned and supervised learning experiences of the Weber State University Respiratory Therapy Program.

I understand that there might be a slight risk involved with some procedures, but I agree not to blame Weber State University for any negligent or careless acts committed by me or any other participant.

I certify that I have received a copy of the Weber State University Respiratory Therapy Student Handbook. I further certify that I agree to follow the standards outlined within the handbook and realize that deviation from these standards will be cause for disciplinary action.

**PLEASE SIGN BELOW.**

Learning Experiences

Student Handbook

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date