

BELLEVUE COLLEGE
RADIATION THERAPY PROGRAM

**Assumption of the Risk and Informed Consent
Signature Form**

I, _____ have read, and understand that programs and/or courses that I participate in in the Health Sciences, Education and Wellness Institute, may include risks that I would not ordinarily be exposed to in daily life, and that these risks will be identified, to me in each individual class. I also understand that I will be required to read and sign specific assumption of the risk and informed consent for the program and/or each individual class. If under the age of 18, written informed consent must be obtained from my parent or legal guardian.

Signature: _____

Date: _____

Witness _____