



ID # : _____

Release Waiver
Heart for Athletes Heart Screening
AGREEMENT TO PARTICIPATE IN HEART SCREENING

CONTACT INFORMATION

Student Name: _____ DOB: ___ / ___ / ___

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Heart for Athletes is offering a free heart screening to teenagers to identify selected heart abnormalities in an effort to minimize the risk of sudden cardiac death. Many abnormalities of the heart can potentially cause sudden cardiac death and some of them can be detected by using electrocardiogram and/or echocardiogram. However, these screenings do not always detect cardiovascular abnormalities when present, and not all potentially fatal heart abnormalities can be detected by this screening.

The Heart for Athletes Heart Screening will include a measure of blood pressure, a modified Electrocardiogram (measures the electrical activity in the heart), and a limited Echocardiogram (2-dimensional ECHO or ultrasound picture of the heart). Medical personnel will provide an assessment of the data (normal or abnormal) on the day of the screening. All data collected related to the heart screen will be reviewed by a board certified pediatric cardiologist to ensure accuracy. Any teenager having an abnormal screen will be offered the opportunity to undergo a more thorough evaluation so that a plan for care can be established. The identity of the screening participant and information obtained in the screening program will remain confidential and available only to Heart for Athletes and the physicians directly working with Heart for Athletes.

Data Collection, Analysis and Reporting:

The data collected related to your heart screen will be reviewed by medical personnel participating in our event and may be used in an aggregate form (no names or identifiers) as part of a research study on heart screening in the young. In agreeing to your heart screen, you understand and provide permission that the information collected about you during the screening process, including the information contained in your medical Heart Health Survey (pages 3 and 4 of this form), will be reviewed by medical personnel and can be included in a research study. Medical personnel will provide you with a summary of the results of your screening and may recommend additional evaluation through follow-up with your physician or specialist.

By agreeing to participate in the program, if so indicated you give permission to Heart for Athletes and medical personnel to provide your screening results to your physician(s), and you authorize your physicians to share the results and diagnosis of any subsequent testing with Heart for Athletes.

I hereby give my permission for images of my child and/or myself, captured during a youth heart screening through video, photo or digital camera, to be used solely for the purposes of Heart for Athletes promotional material and publications, and waive any rights of compensation or ownership thereto.

ID # : _____

Participant Consent:

I acknowledge that I have read the above agreement to participate and understand its contents. Any questions have been answered to my satisfaction. I agree to be a participant in this heart screening, and in connection therewith, I consent to the release of information obtained in connection with the screening as described above to my primary care physician and cardiologist. I understand that Heart for Athletes will not disclose my identity to any third party without my consent. I understand that I may withdraw from the screening. I understand that no warranty or guarantee has been made to me as to the results or accuracy of the EKG screening and ECHO procedure. I understand that this screening may not be sufficient for diagnosis purposes and that an additional procedure(s) might be required in the event of an abnormal finding on the EKG screening and/or ECHO procedure. I also understand that upon further evaluation, a suspected abnormal finding on the initial screening may or may not confirm that there is truly an abnormality present. I further agree to hold Heart for Athletes, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against Heart for Athletes and their directors, trustees, officers and volunteers.

Date: _____

Signature of Participant

Parental/Guardian Consent for Participants under the Age of 19:

As parent/guardian of the above minor participant, I acknowledge that I have read the above agreement to participate and understand its contents. Any questions have been answered to my satisfaction. I grant permission for my child to participate in this cardiovascular screening. I consent to the release of information in connection with the screening as described above, if abnormal cardiac screening results are found, to his/her primary care physician and/or a pediatric cardiologist. I understand Heart for Athletes will not disclose my child's identity to any third party without my consent. I understand that I may withdraw my child from the screening or follow-up at any time without penalty.

Date: _____

Signature of Parent/Guardian

(printed name of primary care physician)

(printed name of cardiologist) *

* If follow-up with a cardiologist is necessary, names of local pediatric cardiologists will be provided during the consultation at the screening event. You do not need to provide this info at check-in.



ID #: _____

DISCLAIMER AND WAIVER OF MEDICAL LIABILITY

I understand, acknowledge, and agree that Heart for Athletes, Inc., an Alabama non-profit corporation (the "Testing Company"), is not a medical practice or firm and does not employ, or hire as consultants or contractors, any physicians or doctors or any person otherwise licensed to practice medicine in the State of Alabama or in any other State. Any and all physicians or licensed medical professionals who may review or evaluate the results of any testing performed on your child are doing so solely on a voluntary basis directly on my and my child's behalf and have no contractual, legal, fiduciary or other form of formal relationship with the Testing Company, and are not receiving any direct form of compensation, remuneration, or payment from the Testing Company for performing such services. Therefore I understand, acknowledge, and agree that the Testing Company (A) does not give or make, nor can it give or make, any medical advice or recommendations, or prescribe any course of treatment, and expressly disclaims any and all such advice, and (B) does not have any control over the review by any physician, doctor, or other licensed medical professional of the results of any testing conducted on my child by the Testing Company, or the results of any such review and communication of such results to myself and/or my child.

THEREFORE, I UNDERSTAND, ACKNOWLEDGE AND AGREE THAT THE TESTING COMPANY DOES NOT ASSUME, AND IS NOT RESPONSIBLE FOR PROVIDING, MY CHILD WITH ANY MEDICAL OR SIMILAR PROFESSIONAL STANDARD OF CARE, OR DUTY OR RESPONSIBILITY, WITH RESPECT TO THE PERFORMANCE OF ANY TESTING, AND DOES NOT ASSUME ANY DUTY TO PROVIDE, AND WILL NOT PROVIDE, ANY MEDICAL CARE OR ADVICE. I FURTHER UNDERSTAND, ACKNOWLEDGE AND AGREE THAT THE TESTING COMPANY IS NOT RESPONSIBLE OR LIABLE FOR, AND EXPRESSLY DISCLAIMS, ANY AND ALL ADVICE, RECOMMENDATIONS, OR COURSES OF TREATMENT WHICH ARE PROVIDED BY ANY PHYSICIAN WHICH REVIEWS AND/OR EVALUATES THE RESULTS OF ANY TESTING. I FURTHER UNDERSTAND, ACKNOWLEDGE AND AGREE THAT THE TESTING COMPANY IS NOT RESPONSIBLE OR LIABLE FOR, AND EXPRESSLY DISCLAIMS, THE OUTCOME AND/OR PERFORMANCE OF ANY REVIEW AND/OR EVALUATION, AND ANY CONCLUSION OR RECOMMENDATION, BY ANY PHYSICIAN, DOCTOR, OR OTHER LICENSED MEDICAL PROFESSIONAL BASED ON OR IN CONNECTION WITH THE RESULTS OF ANY TESTING CONDUCTED ON MY CHILD BY THE TESTING COMPANY, INCLUDING BUT NOT LIMITED TO ANY NEGLIGENCE OR MEDICAL MALPRACTICE ON THE PART OF SUCH PHYSICIAN, DOCTOR, OR OTHER LICENSED MEDICAL PROFESSIONAL.

As such, I, on behalf of myself and my child, and our assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives (the "Releasing Parties"), do hereby absolutely, fully, and forever release, relieve, waive, relinquish and discharge the Testing Company (as identified above) and any and all of the Testing Company's directors, officers, volunteers, agents, contractors, and representatives (the "Released Parties"), of and from any and all actions or causes of action, actual or alleged claims, of any kind or undiscovered, accrued or un-acrued, suspected or unsuspected, which any Releasing Party may now have claim to have, or which may at any time hereafter accrue, arising out of, in connection with, in consequence of, in any way involving, or related to the review, evaluation, interpretation and communication of the results of any of the tests or testing as described in this document by any physician, doctor, or other medical professional (the "Reviewing Physician"), including but not limited to any failure to detect any heart condition which results in personal injury to or the death of my child, whether due to the negligence or medical malpractice by such Reviewing Physician or otherwise.

Signature of Parent/Guardian/Legal Custodian: Acknowledged and agreed, on behalf of and in connection with the testing to be performed by the Testing Company on _____.
(print name of child)

Parent's Signature: _____

Date: _____

Heart for Athletes Heart Health Survey

Please complete the following questions regarding the individual being screened:

DEMOGRAPHICS

Age: ____ Grade: ____ Height: ____ft ____in Weight: ____lb

Gender: ____ Male ____ Female BP: ____ / ____ *
(*BP filled in at screening)

Race/ethnicity: (check all that apply)

- African-American/Black
- Caucasian/White
- Hispanic/Latino
- Asian/Pacific Islander
- Native American
- Other: please specify: _____

SPORTS & PHYSICAL ACTIVITY

1) Do you play on an organized team or compete in an individual sport? ____ Yes ____ No

If yes, what level: ____ Club/Select ____ Recreational/Intramural ____ High School

If yes, what sport(s) do you play competitively or on an organized team?

(check all that apply)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Cheer | <input type="checkbox"/> Hockey | <input type="checkbox"/> Swimming/Diving |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Track |
| <input type="checkbox"/> Football | <input type="checkbox"/> Rowing | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Field hockey | <input type="checkbox"/> Rugby | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Frisbee | <input type="checkbox"/> Softball | |

2) Exercise and physical activity per week. On average I get... (check one)

- More than 10 hours of exercise or physical activity per week
- 5-10 hours of exercise or physical activity per week
- 2-5 hours of exercise or physical activity per week
- Less than 2 hours of exercise or physical activity per week

PAST MEDICAL HISTORY

Do you have any ongoing medical illnesses? Yes No

If yes, what illness? asthma ADHD diabetes high blood pressure

pre-existing heart condition _____

other: _____

Are you taking any medication(s)? Yes No If yes, what medication(s)?

Have you had a sports physical examination by a physician or other medical provider within the last 12 months? Yes No

Has a doctor ever ordered a test for your heart? (i.e., EKG or echo)? Yes No

HEART HEALTH QUESTIONS	Yes	No
1. Do you get chest pain when you exercise?		
2. Have you ever passed out during or immediately after exercise?		
3. Do you have <u>unexplained</u> shortness of breath or fatigue during exercise?		
4. Does your heart ever <u>suddenly</u> race (beat fast) not related to exercise?		
5. Have you ever had an unexplained seizure?		
6. Have you ever been diagnosed with: (if yes, check all that apply) <input type="checkbox"/> high blood pressure <input type="checkbox"/> a heart infection <input type="checkbox"/> high cholesterol <input type="checkbox"/> another heart problem <input type="checkbox"/> Kawasaki disease		
7. Has anyone in your family <u>died suddenly</u> from a heart problem <u>before the age of 50</u> ?		
8. Has anyone in your family <u>died suddenly</u> for an unknown reason <u>before the age of 50</u> (including sudden infant death syndrome (SIDS), unexplained car accident, or drowning)?		
9. Does anyone in your family have any of the following <u>specific genetic heart conditions</u> : <input type="checkbox"/> hypertrophic cardiomyopathy, <input type="checkbox"/> dilated cardiomyopathy, <input type="checkbox"/> arrhythmogenic right ventricular cardiomyopathy (ARVC), <input type="checkbox"/> long QT syndrome, <input type="checkbox"/> short QT syndrome, <input type="checkbox"/> catecholaminergic polymorphic ventricular tachycardia (CPVT), <input type="checkbox"/> Brugada syndrome, or <input type="checkbox"/> Marfan syndrome. (check if any apply)		