

AGREEMENT, CONSENT, AND RELEASE OF LIABILITY FOR CARDIAC SCREENING

The undersigned hereby agrees to the administration by Capture the Heart, Inc (“CTH”) of a heart screening utilizing an ultrasound echocardiogram machine as well as an electrocardiogram ECG (EKG) machine on the Student identified below (“the Student”) for the limited purpose of obtaining data that may be used to detect indications of possible hypertrophic cardiomyopathy. Hypertrophic Cardiomyopathy has been shown to be a leading cause of sudden cardiac death in athletes. The undersigned understands that the screening and resulting interpretation of data do not always result in the discovery of existing abnormalities and that the screening is provided for informational purposes only and does not constitute a medical diagnosis. The undersigned further acknowledges that CTH will not provide additional diagnostic tests or procedures. The undersigned acknowledges that it is his/her sole responsibility to consult with the Student’s personal physician with regard to the results of this screening and to obtain any follow-up care determined by that physician to be appropriate. The undersigned also understands that this screening is not a complete physical examination and is not a substitute for a complete physical examination.

The undersigned agrees that he/she has truthfully disclosed the entire Student’s health related history and information, and all questions regarding the screening have been answered. The undersigned also acknowledges and understands that CTH will provide the Student’s medical health information and the result of the screening data to an independent physician for interpretation and that CTH is not responsible or liable for that physician’s review and interpretation of the information supplied. The undersigned acknowledges that any Student under the age of 18 are considered a minor and that the undersigned has the authority as the Student’s parent, guardian, or legal representative (as indicated below) to execute this Agreement, Consent, and Release of Liability. The undersigned, on behalf of the Student, and their heirs, successors, and assigns, does hereby release and discharge CTH and its employees and agents from any and all claims, losses, cost, expenses and damages and of any kind involving or related to errors, omissions, or negligence in the performance of the screening procedures or by the independent physician in reviewing the screening information.

Student’s Name _____

Signature of Student’s Representative _____

Printed Name of Student’s Representative _____

Relationship of Student Representative to Student _____

Address for submission of report, or Email

Address: _____

Capture The Heart, Inc Personal Heart History

Student Name: _____ Date of Birth: ____/____/____

(Please circle Yes or No)

Y / N - Family history of early cardiac death/disability (50 years old or younger)?

Y / N - Experienced any unexplained fainting or near-fainting episodes?

Y / N - Ever had or been diagnosed with high blood pressure?

Y / N - Ever been diagnosed with a murmur?

Y / N - Any chest pain/discomfort/tightness/pressure related to exertion?

Y / N - Any prior heart testing ordered by a physician?

Y / N - Any prior restrictions from participation in sports?

If yes to any of these questions, please elaborate:

