



RELEASE WAIVER

AugustHeart Heart Screening

AGREEMENT TO PARTICIPATE IN HEART SCREENING

THIS IS NOT A CLEARANCE FOR PARTICIPATION IN SPORTS.

PLEASE PRINT

Student Name: _____ DOB: ____/____/____ Male Female
Street Address: _____ Zip: _____
School Attending: _____ Grade: _____
Parent/Guardian Name: _____ Home Phone: _____
Parent/Guardian Email: _____ Parent/Guardian Cell: _____

AugustHeart is offering a free heart screening for students 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 AugustHeart Heart Screening will include a modified Electrocardiogram (12-lead ECG – measures the electrical activity in the heart), and if necessary a limited Echocardiogram (2-dimensional ECHO - ultrasound picture of the heart). Medical personnel will provide an assessment of the data (normal or abnormal). All data collected related to the heart screen will be reviewed by a board certified pediatric or adult cardiologist to ensure accuracy. Any student with an abnormal screen may be offered the opportunity to undergo a more thorough evaluation so 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 AugustHeart, the physicians directly working with AugustHeart, and school athletic staff.

Participant Consent: I acknowledge that I have read the above agreement and understand its contents. I agree to be a voluntary participant in this heart screening and request technologists, technical assistants, cardiologists, and other health care providers to administer, interpret and communicate the results of my ECG screening and ECHO procedure. I understand that these procedures involve the use of cardiac imaging technology and electrical detection technology. I understand that no warranty or guarantee has been made to me as to the results or accuracy of the ECG 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 ECG 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 give permission to AugustHeart and medical personnel to release information obtained in connection with the screening to my school athletic staff and as otherwise set forth above. I understand that AugustHeart will not disclose my identity to any third party without my consent. I further agree to hold AugustHeart, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against AugustHeart and their physicians, officers and volunteers as respects process and results of this free heart screening.

Signature of Participant _____ Date: ____/____/____

Parental/Guardian Consent for Participants under the Age of 18: 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 agree to all of the terms of the above Consent on behalf of my minor participant. Further, I grant permission for my child to participate in this cardiovascular screening. I give permission to AugustHeart and medical personnel to release information obtained in connection with the screening to my school athletic staff and as otherwise set forth above. I understand AugustHeart will not disclose my child's identity to any third party without my consent.

Signature of Parent/Guardian _____ Date: ____/____/____

www.AugustHeart.org

AugustHeart screenings are offered free of charge.
AugustHeart (210) 841-9207 or info@augustheart.org