

Student/Patient Release Waiver for Championship Hearts Foundation Screening

(rev. 7.31.2013)

Patient Disclosure, Consent and Release

Championship Hearts Foundation offers free heart screenings for students (ages 14-18) in an effort to help prevent sudden cardiac death (SCD) from Hypertrophic Cardiomyopathy (HCM) as part of our commitment to serving the preventive health needs of our community. Many abnormalities of the heart can potentially cause SCD. HCM is probably the most common cause and may often be detected by echocardiogram (2-D echo) and/or electrocardiogram (ECG). Other significant heart abnormalities that may cause SCD may also be detected using 2-D echo and ECG. However, screening does not always detect an abnormality even when it is actually present and not all potentially fatal heart abnormalities can be detected by this screening. **This limited heart screening does not screen for heart murmurs.** Should your child have been referred to CHF because of a suspected heart murmur or other specific abnormality, CHF suggests your student receive a full cardiology evaluation through a pediatric cardiologist.

Championship Hearts Foundation believes the results of these heart screenings should be monitored in a registry entitled Texas Adolescent Athlete Heart Screening Registry (TAAHSR™). All data collected for TAAHSR™ will be de-identified to reduce the risk of loss of confidentiality and will be included only with your permission. Data to be collected include: brief medical/family history; ethnicity; sex; sports of participation; height/weight; blood pressure; results of 2-D echo and ECG; and results of any potential follow up care. Such data will possibly benefit others with abnormal heart conditions in the future.

This form is meant to inform you about the screening and document your consent to the screening. The form informs you of the importance of taking personal responsibility for your child's and your own health needs and asks for a personal commitment from you to obtain appropriate follow-up care and treatment in the event the screening detects HCM or any other important heart abnormality. Unless cardiac symptoms have presented, CHF does not suggest a repeat heart screening for students if they were screened after their 15th birthday with no abnormalities identified at the screening.

Consent to Screening Echocardiogram and Electrocardiogram

I voluntarily request such associates, technologists, technical assistants, cardiologists and other health care providers to administer, interpret and communicate the results of a limited echocardiogram and electrocardiogram screening. I understand that these procedures involve the use of cardiac imaging technology and electrical detection technology. I have truthfully completed a medical health history questionnaire. I understand that a screening 2-D echo and ECG may not be sufficient for diagnosis purposes and that an additional procedure(s) might be required in the event that an abnormal finding is made on the screening echocardiogram or electrocardiogram. Completed evaluations upon a suspected abnormal finding on the initial screening may or may not confirm that there is truly an abnormality present.

I have been given an opportunity to ask questions about alternative forms of detection, the risks of non-detection, the nature, purpose, and anticipated benefits of the screening to be used, and the risks and hazards involved. I believe that I have sufficient information from the cardiologist/technologist to give and do hereby freely give my permission for my child to be screened.

I understand that the success of the screening program to assess screened students for HCM, a cause of SCD, or other abnormalities depends upon Championship Hearts Foundation and its research teams having access to the results of the evaluation and follow-up medical care. Should an abnormality be identified in my child, I understand CHF staff may contact me and/or my physician to collect results of any follow up cardiology evaluation.

Communication of Results

Two copies of the screening results will be made available to participants. It is your decision to share this information with the professionals who are concerned about your student's wellbeing, i.e. physician, sports coach, teacher, etc.

Results will be returned immediately after completion of the screening in our Traditional model. Should the screening results show a potential abnormality, the parent/student will be given instructions to seek a comprehensive evaluation by a pediatric cardiologist. A list of local area pediatric cardiology practices will be supplied at that time. For Mobile model events, screening results will be conveyed via mail within 60 days after completion of the screening. Should the screening results indicate a potential abnormality, the parent/guardian of record will be called by phone to convey those findings and suggest the student receive a more comprehensive evaluation by a pediatric cardiologist. A list of local area pediatric cardiology practices will be supplied at that time.

Personal Commitment to Follow-up Results

I recognize and acknowledge that I am personally responsible for taking appropriate follow-up action upon receipt of test results. I understand and acknowledge that it is my responsibility to decide whether to take this action and pursue medically indicated care and treatment. I understand that follow-up care and treatment is not a part of this program and that I am financially responsible for the cost of any and all follow-up care; treatment and/or procedures whether or not covered by my insurance.

Please carefully read and acknowledge your understanding of the following important information relating to your legal rights under this free echocardiogram / electrocardiogram screening program.

No Warranty or Guarantee

I understand that no warranty or guarantee has been made to me as to the results of the screening echocardiogram and electrocardiogram procedure. I understand that these tests screen for mainly one of several causes of sudden cardiac death. A normal screening study does not rule out all heart causes of sudden death.

Release of Claims

I, on behalf of myself and my representatives, executors and administrators, do hereby absolutely, fully and forever release, relieve, waive, relinquish and discharge the Championship Hearts Foundation, the hospital/venue, general volunteers, contracted technicians, physicians and their respective agents, employers, servants, employees, representatives, trustees, administrators, successors, partners, principals, officers, directors, shareholders, parents, subsidiaries and affiliates and each of them, of and from any and all actions or causes of action, actual or alleged claims, judgments, demands, debts losses obligations, liabilities, cost expenses, sums of money, damages and/or liens for any kind or undiscovered, accrued or unaccrued, suspected or unsuspected, which either party may now have claim to have, or which may involve or related to the performance, interpretation and communication of the results of the screening echocardiogram and/or electrocardiogram.

Waiver

I understand and agree that the Release set forth above is intended to be a full general release of all claims of every kind whatsoever, known or unknown, discovered or undiscovered, suspected or unsuspected, arising out of, in connection with, in consequences of, in any way involving, or related to the performance, interpretation and communication of results of the Screening Echocardiogram and Electrocardiogram. I understand and acknowledge that I am expressly waiving my rights under state and federal laws to the full extent that I may lawfully waive all such rights and benefits pertaining to the subject matter hereof.

Acknowledgement

I certify that we have read this form or have had it read to me, that the blank spaces have been filled in and I understand its contents.

I acknowledge that the volunteers, including Championship Hearts Foundation, and hospital/venue and their/its associates, technologists, technical assistants, cardiologists and other physicians and health care providers are providing health care services that are not administered for or are in expectation of compensation and the health care services are being provided in exchange for immunity from civil liability or limitations on the recovery of monetary damages for any act or omission resulting in death, damage or injury.

I acknowledge that I am signing this Patient Release and Waiver both individually and as parent or guardian of the Student / Patient.

Parent/Guardian Signature

Parent/Guardian (Print Name)

Student (Print Name)

Signature of Parent or participant age 18+

Date