



**CONSENT TO SCREENING**

I voluntarily request such associates, technologists, technical assistants and other health care providers to perform an ECG and a limited echocardiogram screening, and I voluntarily request a board certified cardiologist to interpret and communicate the results of the screening. I understand that this procedure involves the use of cardiac imaging technology and I understand that these screening tests may not be sufficient for diagnostic purposes, and that an additional procedure(s) might be required in the event an abnormal finding is made from the screening tests.

**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/or ECG procedure.

**PERSONAL COMMITMENT TO FOLLOW-UP ON RESULTS**

I recognize and acknowledge that I am personally responsible for taking appropriate follow-up action upon receipt of these results. I understand that follow-up care and treatment is not a part of this program.

**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 Hinsdale Central Hockey Team and CHAMPS For Life, their physicians, and their respective agents, employees, representatives, trustees, administrators, successors, partners, 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, of any kind or undiscovered, accrued or un-accrued, suspected or unsuspected, which either 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 performance, interpretation and communication of the results of the screening.

**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 performances, interpretation and communication of results of the screening tests. 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 (we) certify, that I (we) have read this form or have had it read to me and I (we) understand its contents.

**THIS IS A LEGAL CONSENT AND RELEASE FORM. PLEASE READ IT CAREFULLY BEFORE SIGNING.**

Date: \_\_\_\_\_ Student/Athlete(s) name: \_\_\_\_\_

\_\_\_\_\_  
Witness                      Date                      Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian                      Relationship to Student/Athlete