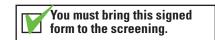
## **Cardiac Screening Permission And Waiver**



Print name in ALL CAPITAL letters Circle: Male Female Non-Binary Circle All That Apply: Native American Asian Hispanic/Latino Pacific Islander Black/African American White/Caucasian Other

SCREENING DATE

PARTICIPANT'S PRIMARY CARE PHYSICIAN

PARTICIPANT'S LAST NAME (all capital letters)

FIRST NAME

DATE OF BIRTH must be age 12-25, no exceptions

REVIEWED BY:

I, the undersigned, GIVE permission for my child (under 18 years old)/myself to voluntarily participate in the JCWWP Foundation (The Foundation) cardiac screening (Cardiac Screening). A medical questionnaire will be reviewed, an electrocardiogram will be done and an echocardiogram may be performed at the Cardiac Screening. The Cardiac Screening will be conducted by <u>independent health care personnel</u> and other volunteers working together with the Foundation. The undersigned acknowledges and agrees that participation in the Cardiac Screening is completely voluntary and that it is the undersigned's decision to have my child/myself participate in this Cardiac Screening.

The information provided on the accompanying forms is, to the best of my knowledge, complete and correct. I understand and acknowledge that a finding of low risk from the limited screening being performed is not a guarantee of good health. Participation in this program cannot substitute for a consultation with a physician or other medical professional for any medical or health related condition or for regular physical examinations.

I understand and acknowledge that information received from this screening is to be considered preliminary only and does not constitute a diagnosis of my child's/myself health or physical condition. This is not a diagnostic study and is not intended to replace regular check ups with my child's/my physician. I further understand and acknowledge that I or another parent/guardian should discuss any abnormal results with my child's /my personal physician as soon as possible. I or another parent/guardian should ensure that any abnormal results from the Cardiac Screening are confirmed by a personal physician before any diagnosis or treatment is considered.

In order to have the Cardiac Screening performed on my child/myself and to participate in a screening, the undersigned, HEREBY RELEASES AND WAIVES ALL CLAIMS, ACTIONS, AND CAUSES OF ACTION that I or my child may otherwise have against the JCWWP Foundation, the independent health care personnel and volunteers who are conducting or participating in this screening process, as well as and any vendors, sponsors, their officers, directors, employees, agents, volunteers, and representatives, from any claims, liability, or damages, including but not limited to personal injury or illness arising out of any physical, emotional, or mental injury or death that may occur in any way from my child/myself participation in this program resulting from the negligence, breach of warranty, or strict liability of any persons associated with the Cardiac Screening. The undersigned further agrees that neither the undersigned nor any of the undersigned's heirs, personal or legal representatives of family members will bring suit or make a claim for illness, injury, or death resulting from the Cardiac Screening and that this release is binding upon my heirs, legatees, administrators and personal representatives.

I understand that all of the medical information obtained through my child's/my participation in this program will be kept confidential and will not be retained or used by the screening facility. Once the results of the Cardiac Screening have been disclosed to the participant, and/or the parent(s), all of the medical information obtained will be de-identified via the removal of personally identifiable information. I give consent that the remaining anonymized data can be collected by the JCWWP Foundation or its designees and that it may be used for medical and/or academic research purposes.

By attending this event you hereby consent to having your photo, likeness or video posted publicly in good taste with the intent of educating other

families about the opportunity to get their youth's heart so	creened.		
Yes JCWWP Foundation may contact me to discuss the information obtained as a result of today's Cardiac Screening  No I do not want to be contacted in the future about the information obtained as a result of today's Cardiac Screening			
The undersigned represent that they have carefully re contained in this document.	ead and fully understand each and every	term, condition, and paragraph of the provisi	ons
Complete either the first or second consent box below.			
Participants Under 18 Consent:			
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN EMAIL	PARENT/GUARDIAN TELEPHONE NUMBER	_
HOME ADDRESS	CITY	STATE ZIP	_
PARTICIPANT'S PEDIATRICIAN OR PRIMARY CARE PHYSICIAN		TELEPHONE NUMBER	_
PARENT/GUARDIAN SIGNATURE	DATE		_
Participants 18–25 Consent:			
NAME OF PARTICIPANT (PRINT)	EMAIL	TELEPHONE NUMBER	—
HOME ADDRESS	CITY	STATE ZIP	_
PARTICIPANT'S SIGNATURE		DATE	—
		FOR OFFICE USE	

TELEPHONE NUMBER