Electrocardiogram ("ECG") Screening Consent Form and Release of Liability

1. About the ECG Screening

An ECG screening (also commonly referred to as an EKG) is a test that measures the electrical activity of the heart to help identify an individual's risk for sudden cardiac death. ECG screenings performed by Who We Play For ("WWPF") involve (i) an ECG screening and (ii) a medical history form.

2. Consent to Participate and Acknowledgments

To receive an ECG screening, every Participant must read and sign this Electrocardiogram Screening Consent Form and Release of Liability ("Consent and Release"). If Participant is a minor, Participant's parent or legal guardian must read and sign this Consent and Release. The individual receiving the ECG Screening will be referred to herein as the "Participant". By signing this Consent and Release, you acknowledge and attest to the following:

- I carefully read this Consent and Release, I understand this Consent and Release, and I have had the opportunity to ask any questions;
- I voluntarily consent and elect to have representatives and volunteers perform an ECG screening on Participant;
- I understand and voluntarily assume all risks associated with Participant's participation in this ECG screening program. I understand that the ECG screening will only screen for abnormalities in Participant's heart and does not constitute a complete medical exam or diagnosis. I understand that abnormal test results do not officially represent or imply that Participant does or does not have a heart condition. I understand that no warranty or guarantee has been made to me as to the results of the screening. I understand that this screening does not diagnose all causes of sudden cardiac death. I acknowledge that the information I receive from the ECG screening reflects the condition of Participant's heart on the day of the ECG screening. This ECG screening does not constitute a conclusive diagnosis of Participant's heart health or physical condition, and is not intended to serve as a replacement for treatment and checkups with Participant's primary care physician or other provider. I acknowledge the limitations of an ECG screening and that sudden cardiac death or other cardiac events may still occur, despite this screening. I understand that this ECG screening does not establish a treatment or provider relationship between (i) Participant and (ii) WWPF or any individual administering, interpreting, or communicating the ECG screening or the ECG screening results. I recognize and acknowledge that I am solely responsible for taking any appropriate follow-up action related to Participant's ECG screening results. I understand that follow-up care and treatment is not a part of this ECG screening program; and
- I have the authority to sign this Consent and Release because either (i) I am the Participant or (ii) I am the parent or legal guardian of Participant.

3. ECG Screenings Results, Communication, and Confidentiality

The board-certified cardiologist that reads and interprets Participant's ECG screening will place Participant into one of three categories: (i) low risk; (ii) follow-up required; or (iii) higher risk. I acknowledge that any Participant's ECG screening that is designated as "higher risk" will be required to undergo further testing (e.g., an echocardiogram or ultrasound) prior to being allowed to resume athletics. In certain counties, Participants designated as "follow-up required" must undergo further testing prior to being allowed to resume athletics. I acknowledge, understand, and accept the following:

- If the board-certified cardiologist places Participant into a category that requires further testing or medical consultation, then WWPF may inform the individuals that oversee Participant's involvement in athletics of Participant's ECG screening results and status.
- As part of this ECG screening, I agree to allow (i) medical professionals and (ii) WWPF personnel, contractors, and volunteers (the "WWPF Team") to have access to the medical records created during this ECG screening. I agree to allow the WWPF Team to contact me regarding Participant's involvement in this ECG screening and the results. I authorize WWPF to use all information provided, including the ECG screening, for diagnostic and aggregated statistical purposes and evaluations and medical research. The information collected from any ECG screening event may be published in scientific journals or presented at scientific meetings, but no Participant will be personally identified. This authorization may be revoked by submitting a written notice to WWPF at info@whoweplayfor.org.

As applicable, the WWPF Team will follow all relevant state and federal laws and regulations, including any applicable sections of the Health Insurance Portability and Accountability Act (HIPAA) and the Family and Education Rights and Privacy Act (FERPA).

4. Waiver & Release of Claims and Liability

By signing this Consent and Release, I hereby agree to waive any and all claims against WWPF and their employees, directors, officers, representatives, sponsors, trustees, partners, consultants, volunteers, and contractors (collectively, the "Indemnified Parties"). I further agree to indemnify, release, and hold harmless the Indemnified Parties from any and all claims, liabilities, cost, and expenses arising out of or related to the performance, interpretation, and/or communication of the results of this ECG screening.

5. Acknowledgment & Preliminary Medical History Questions

I certify that I have read this form or have had it read to me and that I fully understand this Consent and Release. In consideration of the ECG services provided by WWPF to Participant, I consent (i) to this Consent and Release and (ii) to Participant's involvement in the ECG screening program.

___ ☐ **I CONSENT** to Participant participating in the ECG screening.

___ ☐ **I DECLINE** the ECG screening on behalf of myself or my minor child.

Preliminary Medical History Questions

Participant's previous cardiac issues (if any): _____

Family cardiac history (if any): _____

Does Participant currently take any of the following medications (circle any that apply): ADD/ADHD, beta blockers, Asthma medication/inhaler, cardiac medications, Other (please write out the other if relevant)

_____ _____

Participant's Name (please print clearly) Date

_____ _____

Parent/Guardian Name (if applicable) (please print clearly) Parent/Guardian Signature (Participant's signature if an adult)

_____ _____

Parent/Guardian Email Address (please print clearly) (Participant's email if an adult) Parent/Guardian Phone Number (Participant's number if an adult)