



CARDIAC SCREENING PERMISSION FORM AND WAIVER

I, the undersigned, hereby give consent to voluntarily participate in the Cardiac Screening in which I **will receive an electrocardiogram**. The undersigned acknowledges and agrees that participation in the Cardiac Screening is completely voluntary and that it is the undersigned's decision. An electrocardiogram (also known as EKG or ECG) is a non-invasive test that measures the electrical activity of the heart and can detect certain heart abnormalities leading to sudden cardiac death.

The information provided on the accompanying form 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 and that 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 health or physical condition. This is not a diagnostic study and is not intended to replace regular check-ups with my physician. I further understand and acknowledge that I or another parent/guardian should discuss any abnormal results with 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 physician before any diagnosis or treatment is considered.

In order to have the Cardiac Screening performed and to participate in the screening, I additionally release and waive all claims, actions, and causes of action that arise, have arisen, or otherwise may arise from this screening procedure against The Ryan Lopynski Big Heart Foundation, health care personnel and volunteers who are conducting or participating in this screening process; any vendors, sponsors, George Mason University, the Commonwealth of Virginia, 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 participation in this program resulting from the negligence, breach of warranty, or strict liability of any persons associated with the Cardiac Screening. I further agree that neither I nor any of my heirs or personal/legal representatives 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. Any claims or actions predicated upon participation or this document shall be brought in a Court of the Commonwealth of Virginia. This document and any claim or action arising from participation in the screening shall be governed by the law of the Commonwealth of Virginia notwithstanding any conflicts of law provisions.

Virginia Tech makes no representation about this program or screening. All medical information obtained through my participation in this program will be kept confidential and will not be used or retained. Once the results have been disclosed to you, the records will be destroyed.

By signing below, I agree to hold harmless and indemnify Virginia Tech, the Commonwealth of Virginia, and their respective agents, employees, and students from any and all claims that arise from participation in this activity.

THE UNDERSIGNED REPRESENTS THAT THEY HAVE CAREFULLY READ AND FULLY UNDERSTAND EACH AND EVERY TERM, CONDITION, AND PARAGRAPH OF THE PROVISIONS CONTAINED IN THIS DOCUMENT.

Students Signature _____

Students Name (Print) _____

Screening Date _____ Date of Birth _____

Telephone _____ Email Address _____

HomeAddress _____

Parents Signature if child is under the age of 18 _____