



Record Number: _____

THE NICK OF TIME FOUNDATION COMMUNITY HEART SCREENING

AGREEMENT TO PARTICIPATE IN HEART SCREENING

The Nick of Time Foundation is offering a heart screening program for students, athletes, and young adults age 14-25. The information obtained from participants will be reviewed by medical personnel at the event. The identity of the screening participants and information obtained in the screening program will remain confidential and available only to the Nick of Time Foundation and the physicians helping at the event. The screening program may include:

1. Medical History Questionnaire
2. Blood pressure
3. Physical examination
4. Electrocardiogram (ECG- measures electrical activity in the heart)
5. Echocardiogram (Echo- an ultrasound picture of the heart)

Data Collection, Analysis and Reporting

The data collected related to your heart screen will be reviewed by medical personnel participating in our event and may be used in an aggregate form (no names or identifiers) as part of a research study on heart screening in the young. In agreeing to your heart screen, you understand and provide permission that the information collected about you during the screening process, including the information contained in your medical Heart Health Survey, will be reviewed by medical personnel and can be included in a research study. Medical personnel will provide you with a summary of the results of your screening and may recommend additional evaluation through follow-up with your physician or specialist.

By agreeing to participate in the program, if so indicated you give permission to The Nick of Time Foundation and medical personnel to provide your screening results to your physician or cardiologist, and you authorize your physician to share the results and diagnosis of any subsequent testing with The Nick of Time Foundation.

I acknowledge that I have read the above agreement to participate and understand its contents. Any questions have been answered to my satisfaction. I agree to be a participant in this heart screening, and in connection therewith, I consent to the release of information obtained in connection with the screening as described above. I understand that The Nick of Time Foundation will not disclose my identity to any third party without my consent. I understand that I may withdraw from the screening. I further agree to hold The Nick of Time Foundation, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against The Nick of Time Foundation and their directors, officers and volunteers as respects process and results of this free heart screening performed on this day.

Date: _____

Signature of Participant

Parental/Guardian Consent for Participants under the Age of 18:

As parent/guardian of the above minor participant, I acknowledge that I have read the above agreement to participate and understand its contents. Any questions have been answered to my satisfaction. I grant permission for my child to participate in this cardiovascular screening. I consent to the release of information in connection with the screening as described above. I understand The Nick of Time Foundation will not disclose my child's identity to any third party without my consent. I understand that I may withdraw my child from the screening or follow-up at any time without penalty.

Date: _____

Signature of Parent/Guardian

**The Nick of Time Foundation is providing this Heart Screening at no cost or obligation. However to help defer screening costs, and enable future community screening events, there is a suggested donation of \$25.00. Donations are tax deductible, and can be made by credit card, cash or check payable to: The Nick of Time Foundation
www.nickoftimefoundation.org**

Everett Public Schools
Hold Harmless Statement for
Nick of Time Foundation Heart Screening

I authorize my child's participation in The Nick of Time Foundation Heart Screening. I agree to hold the Everett School District's elected officials, employees, staff and volunteers harmless from and against any liability, loss, claims, cost and expenses associated with this event. In case of emergency, if you are unable to contact me and you believe it is necessary to obtain the services of a doctor or hospital to render services and/or treatment to my child, I hereby authorize the district to do so at my expense.

Signature of Student

Date

Signature of Parent/Guardian

Date