

CONFIDENTIALITY WAIVER AND CONSENT FORM

The undersigned, parent or guardian of student or student named below consents to the performance of a Cardiac Life Screen™.

I understand that the Cardiac Life Screen™ is performed by independent, licensed and insured technicians who are not agents or employees of Sportlink, Inc. I understand that Sportlink, Inc. manages, coordinates, schedules and processes information and the results of the Cardiac Life Screen™ as requested by you, the parent/guardian or student and the physician, but Sportlink, Inc. does not perform or control the Screen.

The Cardiac Life Screen™ is not a full and complete echocardiogram and is not intended to be a substitute for such an examination. I understand that no guarantees have been made concerning the Cardiac Life Screen™ or its ability to detect Hypertrophic Cardiomyopathy, Marfan's Syndrome or any other cardiac irregularities.

I hereby authorize, without further consent, Sportlink, Inc. and its officers, employees and agents to access and utilize the complete information and results of the Cardiac Life Screen™, for the coordination, scheduling and processing of the results of the Cardiac Life Screen™ to Sportlink.

I hereby authorize, without further consent, Sportlink, Inc. and its officers, employees and agents to access and utilize the complete information and results of the Screen for the development of guidelines or the effectiveness of certain identification tools for Hypertrophic Cardiomyopathy ("HCM"), Marfan's Syndrome, or any other cardiac irregularities.

Signature of Student _____ Date _____ / _____ / _____

Signature of Parent/Guardian _____ Date _____ / _____ / _____