



Agreement, Consent & Release of Liability

The undersigned persons hereby agree to the administration by Transmed, Inc. (dba Screening America) of a heart screening (including a blood pressure reading, an electrocardiogram, and an echocardiogram) on the Patient for the limited purpose of obtaining data that can be used to detect indications of possible Hypertrophic Cardiomyopathy, which has been shown to be a leading cause of sudden cardiac death in young people. The undersigned persons understand the screening and resulting data do not always result in the discovery of existing abnormalities, are provided for informational purposes only, do not in any way constitute a medical diagnosis, and that additional procedures not provided by Transmed, Inc. will be required in the event a medical diagnosis is desired. The undersigned persons acknowledge and agree it is their sole responsibility to consult with Patient's personal physician with regard to the results of this screening and to obtain any follow-up care determined by that physician to be appropriate. Further, the undersigned persons understand that this screening is not a complete physical exam, and is not a substitute therefor.

The undersigned persons agree that they have truthfully disclosed all of Patient's health related history and information, and all their questions about the screening have been answered. The undersigned persons understand that Transmed, Inc. will provide Patient's medical health information and the data obtained from this screening to an independent, third-party physician for review, and they consent thereto. The undersigned persons further acknowledge and agree that said physician's review and decision as to the normalcy or abnormality of Patient's screening results is not the act of Transmed, Inc., is being provided independently of Transmed, Inc., and Transmed, Inc. is not responsible or liable for such physician's review or decision as to normalcy or abnormality.

The undersigned persons, on behalf of the Patient, themselves and their legal representatives, heirs, successors and assigns, do hereby release and forever discharge Transmed, Inc. (dba Screening America), and its agents, employees, successors and assigns, from any and all claims, losses, costs, expenses, and damages of any kind involving or related to errors, omissions, or negligence in the performance of the screening procedures or involving errors, omissions, negligence or intentional misconduct by the third-party physician in reviewing the screening data or determining the normalcy or abnormality of such data. Without limiting the foregoing, the undersigned persons agree that if any condition exists that is not detected by the screening, Transmed, Inc. (dba Screening America), and its agents, employees, successors and assigns, shall not be held liable.

I HAVE READ THIS AGREEMENT, CONSENT AND RELEASE OF LIABILITY, UNDERSTAND ITS TERMS, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE MADE TO ME. FURTHER, I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY OF TRANSMED, INC. (dba SCREENING AMERICA), AND ITS AGENTS, EMPLOYEES, SUCCESSORS AND ASSIGNS TO THE GREATEST EXTENT ALLOWED BY LAW.

Patient's Name: _____ Signature: _____ (if over 18)

Signature of Parent or Legal Guardian: _____ (if Patient is a minor)

Printed Name of Parent or Legal Guardian: _____ Date: _____

Please check one: Mother Father Non-parent legal guardian