CONSENT FOR A PRE-PARTICIPATION EVALUATION (PPE)

I, _____, being of lawful age and residing at _____

_____, hereby authorize and consent to having St. Joseph's/Candler Health System, Inc. Athletic Trainers and/or their consulting physician(s) perform a Pre-Participation Evaluation intended to take the place of an annual physical exam performed by their primary physician. I understand that the scope of this PPE (medical history, blood pressure/pulse screen, and heart/lung auscultation) WILL NOT IDENTIFY many of the medical problems known to be associated with sudden death in athletes. Some of those medical problems include but are not necessarily limited to cardiac abnormalities, pulmonary abnormalities, aneurysms, and/or sickle cell trait.

I hereby fully and forever release and discharge ST. JOSEPH'S/CANDLER HEALTH SYSTEM, INC., its subsidiaries and affiliated corporation, and their respective directors, trustees, officers, employees and agents and my physician(s) or any other person participating in my care from any and all claims, demands, damages, rights of acting or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the completion of this PPE.

I understand that this PPE is being carried out with my consent and so assume full responsibility for the limitations of this PPE in detecting many of the health problems associated with sudden death in athletes.

_____ _____

Signature of Person Authorized to Consent for Patient(Parent/Guardian) **Date**

_____ _____

Relationship to Patient/Athlete **Witness**

_____ _____

Signature of Student Athlete if 18 or older **Date**