

Consent for ImPACT Testing

This consent is given by Athlete or Athlete's parent or guardian, as applicable (hereafter referred to as "you"). By executing this consent below, you voluntarily agree that Athlete may participate in Sanford Bismarck's ImPACT testing, which is being provided to Athlete as part of the Bismarck Hockey Boosters, Inc.'s program. You understand that the purpose of the testing is to establish a baseline reference point to use in the event the Athlete is suspected of suffering a concussion. You understand that it is your sole responsibility to arrange any desired follow-up testing or medical attention in the event of a suspected concussion. You understand and acknowledge that you have the right to choose the health care provider of your choice when seeking any further testing or medical attention.

You hereby release and agree to defend, indemnify and hold harmless Sanford Bismarck, its parent, subsidiaries and affiliates (collectively, "Sanford"), and Sanford's officers, directors, trustees, medical staff, employees, and agents from all claims, liability and damages related to or arising from ImPACT testing and for your decision not to seek further medical attention following the ImPACT Testing. This consent shall bind you, your heirs, successors and personal representative.

I acknowledge that I have read (or it has been read to me) and understand the information on this consent form.

Date

Signature of Athlete (if age 18 or older)

I acknowledge that I have read and understand this consent form and I consent to

_____ participating in ImPACT testing.
(Print name of Athlete)

Date

Signature of Parent or Guardian