Homeroom Teacher		Grade		
My child has raised at least \$5 in donations for				
Hoops F Signed b	or Heart. y			
	(his/her parent)			
□Jax	□ Donation			

Heart Attack Warning Signs

- Uncomfortable pressure, squeezing, fullness or pain in the center of the chest that lasts more than a few minutes or goes away and comes back.
- Pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath with or without chest discomfort.
- Breaking out in a cold sweat, nausea or lightheadedness.

Not all of these warning signs occur in every heart attack. If some start to occur, get help immediately. Heart attacks are a medical emergency — CALL 9-1-1.







life is why*

SHAPE America and the American Heart Association collaborate on the Hoops For Heart program.

YOUTH CONSENT, RELEASE, AND INDEMNIFICATION

As the parent or guardian of the child listed below ("Child"), I understand, consent, and agree that:

- 1) Events My Child and I expressly assume all risks, including potential personal injury and fatality, which may arise out of my Child's participation in any school events that are sponsored by or affiliated with the American Heart Association ("AHA"), such as Hoops For Heart, Jump Rope For Heart any other similar activities affiliated with AHA ("Events"). My Child's school may on its own develop Events that follow the heart-healthy programs of AHA or may involve online charitable fundraising for AHA, and any such Events are also covered by this Release.
- 2) Being Prepared It is my sole responsibility to make sure my Child's clothing and any equipment are properly fitted and appropriate for the Event, and that my Child is physically fit and able to participate in the Events. Prior to any Event, I will instruct my Child to stop and request assistance if he/she experiences any adverse symptoms such as dizziness, excessive tiredness, shortness of breath, pain or any other conditions that would make it difficult or unsafe to continue in the Event.
- 3) Optional Online Participation Some of the Events may offer you the option of registering your Child for an AHA online fundraising program. This program allows you and your Child to track his/her individual and team's progress and allows access to AHA's educational and fundraising resources. I have the option of including a photo of my Child on his/her site as well as sending out emails to family and friends in support of his/her participation. Learn more about how AHA uses, shares, and protects personal information by reading AHA's Privacy Statements at http://www.heart.org/HEARTORG/General/Privacy- Policy_UCM_300371_Article. jsp. I understand and agree that if I do not want my Child to participate in such online activities, then it is my sole responsibility to prevent my Child from doing so.

Release and Indemnity Agreement

I agree, for myself, my Child/Ward, and our heirs, executors and administrators, to not sue and to release, indemnify and hold harmless AHA, its affiliates, officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my Child's participation in any AHA sponsored or affiliated school Events and related activities, including but not limited to online activities, whether it results from the negligence of any of the above or from any other cause. This agreement is as broad and inclusive as is permitted by the State in which the event is conducted. If any portion of it is held invalid, the balance will continue in full force and effect. I have read, understand and agree to the terms of this Release and Indemnity Agreement.

Media Release

I authorize the use, copyright, or publication of my Child's name, image, or voice from participating in the Event and related activities as may be captured by photograph or recording, or in any other medium now known or hereafter devised, including for promotional, advertising and publicity purposes or use.

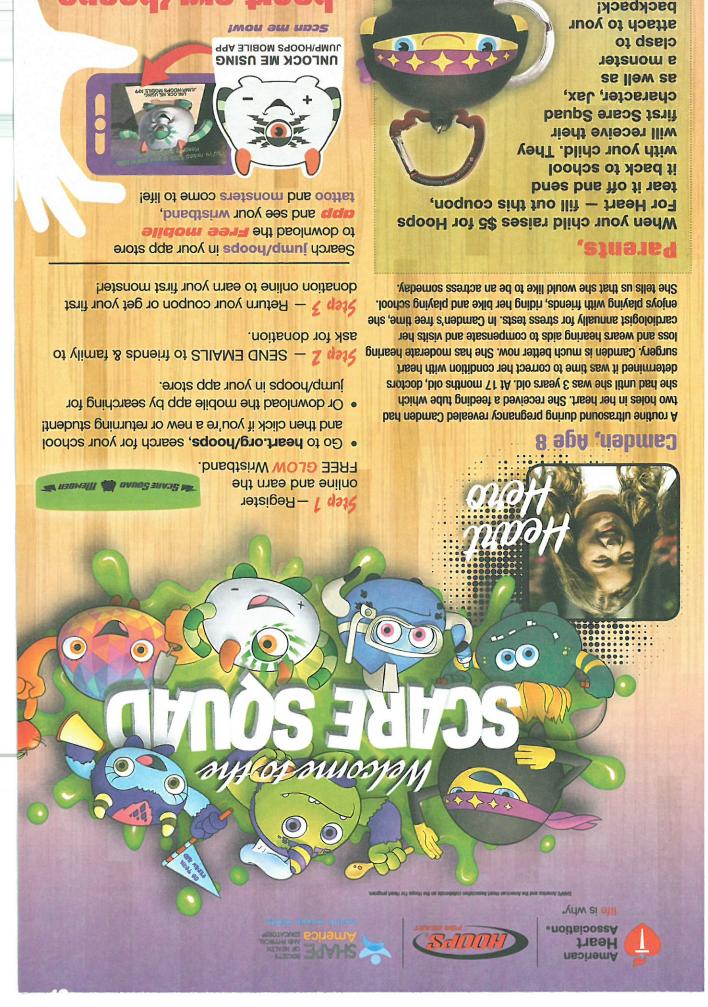
I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT, AND I HEREBY CONSENT TO HIS/HER PARTICIPATION IN EVENTS AND RELATED ACTIVITIES. I HAVE READ AND EXPLAINED THIS RELEASE TO MY CHILD, AND I HEREBY AGREE TO ALL OF ITS TERMS AND

TERMS AND		
CONDITIONS. I will sign and turn in the p	arent permission form and give it to the school coordin	nator.
Parent/Guardian's Printed Name	Signature	Date
Yes, I will be a parent volunteer and hel	p with this event. I may be reached at this phone number	er:
Student's Printed Name	Home Room Teacher's Name	Date
		This seal signifies that the



This seal signifies that the American Heart Association -National meets the BBB Wise Giving Alliance's Standards for Charity Accountability.

Student's Signature (required if 18 years or older)



heart.org/hoops