

CARDIAC SCREENING PLAYER WAIVER

Cardiac Screening Waiver (annual)	
By continuing with the cardiac screening process, you indicate consent to be part of this process. If you elect to participate, you cannot opt out until the relevant doctor/s have completed the screening process and associated steps. If you do not wish to continue, you must sign the following declaration: I, _____, have been informed of the potential positive and negative aspects of cardiac screening and after considering the issue I have elected NOT to undergo cardiac screening. In making this decision, I will not hold Cricket Australia, any other Australian Cricket entity (including the State and Territory Cricket Associations and BBL Teams) or any consulting medical practitioners liable for any failure to detect cardiac conditions that may have been discovered during a screening process. Signed: _____ Dated: _____ Note relationship to player if a parent or guardian signs or co-signs this waiver for any player under the age of 18.	
Parental / Guardian Details	
Name	
Relationship to Player	