

## **Norton Youth Football Opt-Out Form**

I, being the parent, legal guardian, or custodian of \_\_\_\_\_, the minor child who is a student or sports participant at **Norton Youth Football** (the “School” or “Organization”), fully aware that the School or Organization has given authorization to **Performance Evaluation Group, LLC** (the “Company”), an Ohio limited liability company, to conduct baseline evaluations for a fee of \$35\* that may be used for concussion comparisons by medical professional when a concussion has been identified (the “Services”), would like to affirmatively “OPT-OUT” of such Services offered by the Company.

**ACKNOWLEDGED AND AGREE: I therefore confirm that I wish to “OPT-OUT” of the Services provided by the Company.**

By: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\*The price of \$35 reflects the overall testing price with Norton Youth Football sponsoring \$10 per test and the parents/guardians paying the remaining \$25.