NYSPHSAA ImPact Testing
Service Agreement

Directions: Please complete all the information listed below. Make sure that you indicate that you have read and understand the agreement between NYSPHSAA and ImPact. Once the form is fully completed please sign and return to Jill Gregorius (JGregorius@nysphsaa.org) or fax to (518) 690-0775. Please feel free to contact the NYSPHSAA office with questions or comments. Thank you.

School District Name: _________________________________________________________________

High School(s) Name: _________________________________________________________________

Primary Address: _________________________________________________________________
_________________________________________________________________

Athletic Director: _________________________________________________________________

AD Phone Number: _________________________________________________________________

AD Email:  _________________________________________________________________

Test Administrator: _________________________________________________________________

Test Administrator Email: __________________________________________________________________

Test Administrator Phone Number: _______________________________________________________

This Service Agreement is made and entered into as of the _________ of __________ by and between NYSPHSAA and ______________________________________________________________ (“District”).

Whereas, NYSPHSAA has obtained ImPact’s baseline and post injury tests for purchase by its member districts and

Whereas, the District desires to obtain access to the tests on the terms and conditions set forth in this agreement and the attached agreement between ImPact and NYSPHSAA.
Now, in consideration of the covenants and warranties set forth herein, NYSPHSAA and the District agree as follows:

1. NYSPHSAA will provide access to the ImPact Baseline tests for $1.50 per Baseline test.

2. NYSPHSAA will provide access to the ImPact Post Injury tests for $4 per Post Injury test.

3. The tests will be available for use by the District for the 2019-2020 school year.

4. The ImPact test and results from the test do not constitute medical advice. The data received as a result of the test should be used to consult with qualified medical personnel. The test is only one component of a concussion management treatment protocol and must be used in combination with the advice of qualified medical personnel.

5. By signing below the District is agreeing that they have received, read and agree to the term, conditions, except Section 5 and 8, set forth in the Service agreement between NYSPHSAA and ImPact.

Athletic Director/School Authority Signature: _______________________________________

Print Name/Title of Signature: ________________________________________________

Date: ___________________________