UNITED STATES TENNIS ASSOCIATION/PACIFIC NORTHWEST DIVISION (USTA/PNW) PARTICIPANT AGREEMENT WAIVER AND RELEASE OF LIABILITY

RELEASE:

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASES AND INDEMNITY AGREEMENT AND SIGN IT OF MY OWN FREE WILL. I understand and agree that this waiver and assumption of risks is intended to be as broad and inclusive as permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

WAIVER OF CLAIMS: Players, participants, and any spectators or individuals that are participating in USTA and USTA PNW tournaments, programs, activities or events, acknowledge the risks associated with tennis, accept those risks voluntarily, and in consideration of their acceptance in the USTA and USTA PNW tournaments, programs, activities or events, assume all loss or damage, and any claim or demand therefore on account of injury and/or exposure to infectious syndromes or diseases to the person or property or resulting in illness and/or death arising out of or related to their participation, whether caused by negligence or otherwise. By participating or attending a tournament, program, activity or event, the players, participants, and any spectators assume all risks whether known or unknown. Furthermore, players, participants, and spectators agree to hold harmless the USTA, USTA PNW, and the host facility, their officials, (Released Parties) and the Released Parties employees and agents with respect to any injury or loss caused by negligence or otherwise to the fullest extent permitted by law.

PUBLICITY RELEASE: I agree to be filmed and photographed by USTA/PNW in connection with such participation and allow the filming and photographs be taken of my child. I understand that the USTA/PNW will own any and all rights in such film and photography of me or my child (hereinafter referred to as "Footage"). This will permit the USTA/PNW to proceed with taking such Footage and I now waive, as to the USTA/PNW and its successors, assigns and licensees, all personal right and objections to any use to be made of me, my name, likeness, voice or personality, or that of my child, in connection with the use of the Footage in any media for any and all purposes, including trade, advertising and promotional purposes, in perpetuity and without further compensation. I understand that in proceeding with filming and photography of the Footage, the USTA/PNW will do so in full reliance on the foregoing permission.

ACCOUNTS: I also give USTA/PNW permission to create a USTA account for myself and everyone in my party who is participating in a USTA-sponsored event.

WHAT IS A CONCUSSION? A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away. WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION? Signs Observed by Parents or Guardians • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows behavior or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall Symptoms Reported by Athlete • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Does not "feel right" HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION? Every sport is different, but there are steps your children can take to protect themselves from concussion. • Ensure that they follow their coach's rules for safety and the rules of the sport. • Encourage them to practice good sportsmanship at all times. • Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin quards, and eve and mouth quards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly. • Learn the signs and symptoms of a concussion. WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A

CONCUSSION? 1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports. 2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime. 3. Tell your child's coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

SUDDEN CARDIAC ARREST AWARENESS: Copy and paste the following link into your browser to view information on sudden cardiac arrest. http://www.wiaa.com/ConDocs/Con1325/Flyer5.pdf By agreeing to this waiver, you understand that this information has been presented and made available to you.

EPI-PEN POLICY: Individuals with an established history of severe allergic reactions may self-administer an Epi-pen (epinephrine auto-injector) in accordance with their comfort zone in an emergency situation. Site Directors and Instructors are not authorized to administer an Epi-pen, but will help in any other way to ensure an individual would have access to their Epi-pen. An approved adult, not including Site Directors or Instructors can stay on-site at the program to assist an individual self-administer the Epi-pen in an emergency situation. Site Directors and Instructors would take necessary steps to activate the emergency response system to ensure immediate medical evaluation and management of the individual. An individual will not be turned away from participating in a program due to having an Epi-pen.

| Participant's Signature: | |
|---|--|
| Date: | |
| Parent/Guardian Signature (if under 18):_ | |
| Date: | |