# **Concussion Information Sheet & Medical Release Waiver**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

# Symptoms may include one or more of the following:

- Headaches
- · "Pressure in head"
- · Nausea or vomiting
- · Neck pain
- · Balance problems or dizziness
- Blurred, double, or fuzzy vision
- · Sensitivity to light or noise
- · Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- · Change in sleep patterns

- Amnesia
- · "Don't feel right"
- · Fatigue or low energy
- Sadness
- · Nervousness or anxiety
- Irritability
- · More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- · Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays in-coordination
- Answers questions slowly

- Slurred speech
- · Shows behavior or personality changes
- · Can't recall events prior to hit
- · Can't recall events after hit
- · Seizures or convulsions
- Any change in typical behavior or personality
- · Loses consciousness

## What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

# If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years: "a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time" and"...may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

## Consent to Treat - Medical Release Waiver

I the undersigned parent/guardian of the individual named below, a minor, do hereby agree to participate in the aforementioned activity and authorize and appoint the program directors and/or instructors as Attorneys in Fact and agents for the undersigned to consent to medical, surgical and/or dental examinations, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that participation involves an element of risk and a danger of accidents. Knowing those risks, I hereby assume those risks. In additional, I understand that by signing this agreement, I hereby release and discharge NBC Camps, Inc. from any and all liability resulting in injury associated with the camper's participation I this activity. I understand it is my responsibility to inform camp personnel of any medical conditions, allergies, food restrictions or any other special needs my son/daughter may have. In the absence of a parent/guardian's signature below, payment of fees and participating in the program shall constitute acceptance of the conditions set forth in the release.

Student-Athlete Name Printed	Student-Athlete Signature	Date	-
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date	Day-of-Event Emergency Phone

# ACKNOWLEDGEMENT AND ASSUMPTION OF COVID-19 RISK AND WAIVER OF LIABILITY

#### NBC CAMPS

On March 11, 2020, The World Health Organization declared the novel coronavirus, COVID-19, a pandemic. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

#### ACKNOWLEDGEMENT AND ASSUMPTION OF ALL RISK

By signing this Waiver of Liability, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that your minor child may be exposed to or infected by COVID-19. You acknowledge that by attending NBC Camps, such exposure or infection may result in personal injury, illness, disability, and/or death or financial loss or harm as a result thereof. You understand that the risk of becoming exposed to or infected by COVID-19 at NBC Camps may result from the actions, omissions, or negligence of yourself, your minor child, and others, including, but not limited to NBC Camps' employees, contractors, other campers and visitors to NBC Camps' facilities.

You acknowledge that NBC Camps cannot guarantee that your minor child will not become exposed to or infected with COVID-19 if he/she attends NBC Camps. Further, because of the number of individuals involved in operating or attending any NBC Camps and the fact that many infected individuals appear to be asymptomatic, attending a US Sports Camp may increase your minor child's risk of contracting COVID-19.

You voluntarily agree to assume all of the foregoing health and financial risks and accept sole responsibility for any injury to your child(ren), your family and others associated with you (including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind whatsoever).

#### RELEASE OF ALL CLAIMS

By signing this Waiver, you hereby (for yourself, your minor child(ren), and for your personal representatives, agents, family members, significant others and assigns (for which you have the legal authority and authorization to do so)) expressly (a) release, discharge and hold harmless, NBC Camps its employees, agents, affiliates, and representatives, of and from any and all liabilities, claims, actions, damages, costs or expenses of any kind (contingent or real) arising out of or relating to COVID-19 (directly or indirectly), and (b) covenant not to sue and agree not to pursue any claim of any nature whatsoever against NBC Camps, its employees, agents, affiliates, and representatives, under general laws or equity, the judicial system, through governmental or regulatory channels, quasi-governmental authorities or otherwise, if you, your minor child(ren), your personal representatives, agents, family members or significant others (if and as applicable), experience personal injury, illness, disability and/or death or financial harm arising out of or relating to COVID-19 (directly or indirectly).

You understand and agree that this release includes any and all claims based on the actions, omissions, or negligence of NBC Camps, its employees, agents, affiliates, and representatives, whether a COVID-19 infection occurs before, during, or after participation in attending any US Sports Camp. Accordingly, you waive for yourself, your minor child(ren), and for your personal representatives, agents, family members, significant others and assigns (for which you have the legal authority and authorization to do so) Section 1542 of the California Civil Code, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.

You also waive any similar statute under any other state or federal law, to the fullest extent that he, she, or it may lawfully waive such right or benefit. You further agree that this Waiver is intended to be as broad and inclusive as possible and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Consistent with the above, you recognize that in the event you or your minor child(ren) test positive for COVID-19, regardless of where you or they contracted the virus, you have a duty to promptly notify NBC Camps if your minor children have used its camp facilities at any time during which they may have exposed other persons so that NBC Camps may perform "contact tracing." You also recognize that should another person who attended any US Sports Camp at the same time test positive, you may need to be notified. Accordingly, you are providing your telephone, phone number and residence address below.

You acknowledge and agree that you have carefully read and agree to voluntarily sign this Waiver and that you may be giving up valuable legal rights.

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INITIALS	

IN CONSIDERATION OF MY MINOR CHILD(REN)/WARD(S) BEING ALLOWED TO PARTICIPATE IN THIS SPORTS CAMP PROGRAM, ITS RELATED EVENTS AND ACTIVITIES, I, THE UNDERSIGNED, ACKNOWLEDGE THAT I HAVE READ ALL OF THE PROVISIONS OF THIS WAIVER OF LIABILITY AND HEREBY AGREE TO ITS TERMS. I HAVE HAD THE OPPORTUNITY TO SEEK THE ADVICE OF LEGAL COUNSEL WITH RESPECT TO THIS RELEASE AND WAIVER OF LIABILITY AND ATTEST THAT I AM OF SOUND MIND AND FULLY AWARE OF ALL LEGAL IMPLICATIONS AND RAMIFICATIONS ASSOCIATED WITH AFFIXING MY SIGNATURE HERETO.

Signature of Parent or Guardian:	Date:			
D' de Contraction	B.1.1. 11 (CITIL)			
Printed name of Parent or Guardian:	Relationship to Child(ren):			
Email:	Telephone:			
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Address of Parent or Guardian:				
Name(s) of Child(ren):				
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