



PARTICIPATION AGREEMENT

In consideration of the opportunity to have my child participate in Independent Interscholastic Athletic Association of Guam Activities, including School Year 2018-2019 school sports, I, the parent, guardian, or person having the care and custody of _____ (participant), on behalf of myself, spouse, co-guardian, agents, heir, next of kin, and the participant, hereby agree to the following:

Waiver & Release: I agree to release, indemnify, and hold harmless, the Independent Interscholastic Athletic Association of Guam and its respective member schools, coaches, developmental personnel, vendors, and those contracted with the IIAAG to provide athletic facilities or services, employees, agents, members, directors, officers, and representatives (herein referred to as the "IIAAG") from any responsibility or liability for personal injury, including death, and damage to or loss of property, whether or not arising from negligence of the IIAAG, that the participant may incur while traveling to or from, engaged in practice or competition, being coached, triaged by trainers, using or operating equipment or otherwise participating in the IIAAG activity. I hereby also acknowledge and waive the benefits of the provisions of 18 G.C.A § 82602 (formerly § 1542 of the Civil Code of Guam) which reads as follows: A general release does not extend to claims in which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected with the debtor.

Covenant Not To Sue: I warrant and agree that I will not make a claim against or sue the foregoing parties and their agents, contractors, and/or employers and forever release them and waive all actions, claims, or demands that I may have or hereinafter have of whatsoever nature or kind including without limitations claims for personal injury or damage to personal property, loss of services, past or present, known or unknown, or any other claim arising out of Participant's participation in IIAAG activities.

Medical Care: In addition, I understand that the IIAAG does not provide medical insurance coverage and that I, as a member and participant in IIAAG activities, should provide personal medical insurance. In the case of injury or medical emergency, the IIAAG has permissions to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not the IIAAG, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

Assumption of Risk: Furthermore, I recognize that every IIAAG activity had certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries, regardless of severity, including death, and all risk of damage to or loss of property which participant may incur, even if arising from the negligence of the IIAAG, while participant is participating in an IIAAG activity.

I, the undersigned, am competent to sign this release, and have read carefully, understand, and agree to all its terms.

Signed: _____

Relationship to Participant: _____

Printed Name: _____

Date: _____

Phone contact(s): _____

Email contact(s): _____

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a blow, a bump, or a 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:

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| * Headaches | * Amnesia |
| * “Pressure in head” | * “Don’t feel right” |
| * Nausea or vomiting | * Fatigue or low energy |
| * Neck pain | * Sadness |
| * Balance problems or dizziness | * Nervousness or anxiety |
| * Blurred, double, or fuzzy vision | * Irritability |
| * Sensitivity to light or noise | * More emotional |
| * Feeling sluggish or slowed down | * Confusion |
| * Feeling foggy or groggy | * Concentration or memory problems (forgetting game plays) |
| * Drowsiness | * Repeating the same question/comment |
| * Change in sleep patterns | |

Signs observed by teammates, parents and coaches include:

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| * Appears dazed | * Slurred speech |
| * Vacant facial expression | * Shows behavior or personality changes |
| * Confused about assignment | * Can’t recall events prior to hit |
| * Forgets plays | * Can’t recall events after hit |
| * Is unsure of game, score, or opponent | * Seizures or convulsions |
| * Moves clumsily or displays incoordination | * Any change in typical behavior or personality |
| * Answers questions slowly | * 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 IIAAG Concussion Management policy now requires implementation of well-established return to play concussion guidelines that have been recommended for several years:

“A student-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 for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health 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 and/or Athletic Director if you think that your child may have a concussion Remember it’s better to miss one game than miss the whole season. When in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date