

2021 Western & Southern Open Media Non-Player – Authorization for Release of Health Information

I, the undersigned, or my legal representative acting on my behalf, authorize: (1) any Physician, Emergency Medical Technician, Laboratory or other Medical Personnel (collectively “Medical Provider”) that provides medical treatment or laboratory testing to me during my attendance at the 2021 Western & Southern Open to use and disclose my Health Information (as defined below) to Western & Southern Open Chief Medical Officer, USTA Legal, and medical personnel from the US Western & Southern Open and the respective player tours (ATP Tour or WTA) (collectively, the “Entities”); and (2) any Medical Provider who has treated me to disclose my Health Information to the Entities as set forth below.

As used in this Authorization, “Health Information” means: (a) any and all information contained in my laboratory report(s) relating to COVID-19 testing, which may include but not be limited to information describing any or all of the following: my name, other identifying information, and information regarding COVID-19 infection, exposure, antibodies, or antigen testing (“COVID-19 testing”), COVID-19 testing results; and (b) all information relating to my past, present or future physical health or condition or medical record (including, but not limited to, my electronic medical record) and related specimens and/or treatment logs that contain information with respect to any COVID-19 testing, diagnosis, treatment and/or medical services provided to me in connection with COVID-19 during my attendance at the 2021 Western & Southern Open, in all cases whether generated before or after the date of this Authorization.

Health Information may be disclosed by the Entities pursuant to this Authorization for the purposes of: (1) safety protocols and other activities related to addressing COVID-19 in connection with the 2021 Western & Southern Open and subsequent ATP Tour and WTA tournaments; (2) providing medical treatment to me including for continuity of the care provided to me throughout my attendance at the 2021 Western and Southern Open and subsequent ATP Tour and WTA tournaments; and (3) the determination of whether I am ruled unable physically to attend any such tournaments per the official rules. I also acknowledge that the Entities and Medical Providers may disclose Health Information if required to do so by law and as otherwise permitted by law without my prior permission (such as public health reporting). This Authorization will remain effective for a period of three (3) years from the date of my signature below.

I understand that I have the right to revoke this Authorization, in writing, at any time (except to the extent that the Entities or Medical Providers have acted in reliance upon this authorization) by sending notification by secured carrier to: Chief Legal Officer, USTA, 70 West Red Oak Lane, White Plains, NY 10604, and to Chief Operating Officer, Cincinnati Tennis LLC, 250 E. Fifth Street, Suite 1310, Cincinnati, OH 45202. I understand that a revocation will prevent the Entities and/or Medical Providers from further disclosure of Health Information pursuant to this Authorization, unless otherwise required by law to provide such information, but it will not retract the disclosures that have already been made pursuant to the Authorization.

I understand that Health Information used or disclosed pursuant to this Authorization may be re-disclosed by the recipient and may no longer be protected by federal or state law. I understand that (i) I have the right to refuse to sign this Authorization; however, refusing to sign does not stop disclosure of Health Information that is otherwise permitted by law without my specific authorization; (ii) I have the right to receive a copy of this Authorization upon request. Medical Personnel cannot condition my treatment based upon whether I sign this Authorization except in the case of health care that is solely for the purpose of creating Health Information for such purposes. Any COVID-19 testing I receive in connection with my involvement at the 2021 Western & Southern Open is solely being performed by the laboratory and its personnel for the purposes of creating test results to be provided to the Entities. Accordingly, federal law permits such laboratory to condition providing COVID-19 testing on me signing this Authorization or authorizing electronically.