

EXHIBITS

EXHIBIT 1

OIA Bylaws; Article 14. General Provisions

14.13 DRUGS, ALCOHOL, TOBACCO

14.13.1 OIA POSITION STATEMENT – SUPPLEMENTS, DRUGS AND PERFORMANCE ENHANCING SUBSTANCES

The Oregon Interscholastic Association (OIA) views sport, and the participation of student-athletes in sport, as an activity that enhances the student-athlete's well-being by providing an environment and stimulus that promotes growth and development along a healthy and ethically based path.

- It is the position of the OIA that a balanced diet, providing sufficient calories, is optimal for meeting the nutritional needs of the growing student-athlete.
- It is the position of the OIA that nutritional supplements are rarely, if ever, needed to replace a healthy diet.
- Nutritional supplement use for specific medical conditions may be given individual consideration.
- The OIA is strongly opposed to "doping", defined as those substances and procedures listed on the World Anti Doping Agency's Prohibited List (www.wada-ama.org).
- It is the position of the OIA that there is no place for the use of recreational drugs, alcohol or tobacco in the lifestyle of the student-athlete. The legal consequences for the use of these products by a student-athlete are supported by the OIA.

In pursuit of Victory with Honor, the OIA promotes the use of exercise and sport as a mechanism to establish current fitness and long-term healthy lifestyle behaviors. It is the position of the OIA that the student-athlete, who consumes a balanced diet, practices sport frequently and consistently, and perseveres in the face of challenges, can meet these goals.

14.13.2 At least annually, each member school shall communicate to its students participating in interscholastic activities the OIA Position Statement on the use of supplements, drugs and performance enhancing substances. (*See Form 14.13*)

14.13.3 Any coach or competitor using tobacco, alcoholic beverages or misusing drugs while participating in interscholastic competition shall be disqualified from the contest or tournament.

14.14 RESPONSIBILITY FOR LOST ARTICLES - Neither the OIA nor the management of an OIA tournament, contest or festival site shall be responsible for lost articles.

14.15 STUDENT INSURANCE - It is recommended that each student athlete have on file with the principal or his/her designee proof of insurance coverage or a waiver prior to practice.

EXHIBIT 2

OREGON INTERSCHOLASTIC ASSOCIATION, INC.

OIA POSITION STATEMENT

SUPPLEMENTS, DRUGS AND PERFORMANCE ENHANCING SUBSTANCES

PURPOSE OF FORM: All OIA Member schools are required to **ANNUALLY** communicate this OIA Position Statement on the use of supplements, drugs and performance enhancing substances to every participant in interscholastic activities. (See Article 14, Section 14.13.2)

The Oregon Interscholastic Association (OIA) views sport, and the participation of student-athletes in sport, as an activity that enhances the student-athlete's well-being by providing an environment and stimulus that promotes growth and development along a healthy and ethically based path.

- It is the position of the OIA that a balanced diet, providing sufficient calories, is optimal for meeting the nutritional needs of the growing student-athlete.
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In pursuit of **Victory with Honor**, the OIA promotes the use of exercise and sport as a mechanism to establish current fitness and long-term healthy lifestyle behaviors. It is the position of the OIA that the student-athlete, who consumes a balanced diet, practices sport frequently and consistently, and perseveres in the face of challenges, can meet these goals.

Jordan Simon

EXHIBIT 3

OREGON CHILD FATALITY REVIEW DATA FORM (2004 REVISIONS)

1. Code #05-1729 2. Gender: Male Female Unknown 3. Date of Death: 05/06/2008
4. Race: Asian/PAC Islander Black White Other American Indian – Tribe: _____
5. Ethnicity: Hispanic Non-Hispanic
6. Place of Death (6a-c on Death Certificate): City/State: Chinook, OR County: Duniway
Hospital / Institution Address: _____
Did the death occur on a reservation? Yes No Unknown. If yes, identify the reservation: _____
7. Date of Birth: 8/02/1990
8. Residence: State: OR County: Duniway City: Chinook
Census Tract: 1036.09
Type of residence at time of death: Parent's home Relative's home Foster home
 Residential/group care Correctional institution Shelter Acquaintance
 Homeless/runaway Other: _____
9. Death Certificate Registration No.: 1274315
10. Cause of death as listed on the death certificate:
Immediate cause: Heart attack
As a consequence of: Drug overdose
Other significant conditions: _____
11. Place of Injury (line 56 of death certificate): Home
12. Location of injury (line 57 of death certificate): 623 East Hearn, Chinook, OR
13. Was the death certificate adequately prepared? Yes No.
If no, specify: Problem with demographics: _____
Problem with cause of death: _____
14. Does the cause of death on the death certificate agree with the medical record? Yes No N/A
If no, specify: _____
15. Did the team agree with the cause of death? Yes No
If no, team's assessment of the underlying cause of death: _____
16. Were there one or more chronic medical problems(s)? Yes No Unknown
If yes, specify _____
Did they contribute to the cause of death? Yes No Unknown
17. Were there significant developmental delays? Yes No Unknown
If yes, specify: _____
Did they contribute to the cause of death? Yes No Unknown
18. If the case was not referred to the Medical Examiner for exam, should it have been? **(Answer only if this was not referred to the ME).**
 Yes No Unknown
19. What was the manner of death on the death certificate?
 Natural Accident Suicide Homicide Undetermined Not answered on death certificate

20. Was an autopsy done? Yes No Unknown
 If yes: Done by the Medical Examiner's Office Done elsewhere
 If no: Was not necessary Should have been done
21. Was toxicology done? Yes No Unknown
 If yes: Positive Findings/Comments: Extremely high level of erythropoietin
 Negative Unknown
 If no: Should have been done Not indicated
22. For children under 2 years of age, were x-rays done just prior to/or after death? Yes No Unknown
 If yes, what were the results? _____
 If no: Should have been done Not indicated
23. **Answer for all accidental, homicide, suicide, or undetermined manners of death. Do not answer for natural deaths, unless circumstances warrant review of CPS involvement.** Was there prior CPS involvement with the family? Yes No
 If yes: Open at the time of death Closed prior to death Prior Reports: One Multiple
24. Family medical coverage: AHCCCS IHS Private Insurance Self-Pay Unknown

ANSWER FOR ALL CHILDREN UNDER AGE 12 MONTHS, REGARDLESS OF CAUSE

25. Infant Death: Birth Certificate Registration #: _____
 Multiple Birth: Yes No Unknown
 Maternal Age: _____
 Gestational age at first prenatal visit (months): _____
 Number of prenatal visits: _____
 Birth weight (grams): _____
 Gestational age at birth (weeks); _____
 Smoking during pregnancy: Yes No Unknown
 Alcohol use during pregnancy: Yes No Unknown
Substance use during pregnancy: Yes No Unknown. **If yes, specify:** _____

If a natural or medical death, complete #26, then skip to #38. if not a natural/medical death, skip to #27 (all non-natural and unknown causes).

26. Was this a natural/medical death? Yes No
 (If yes, check all that contributed to death. If there are multiple causes for the death, please place #1 next to the principle cause).

- _____ Infectious disease specify: _____
- _____ Metabolic/Genetic, specify: _____
- _____ Prematurity, specify weeks gestation: _____
- _____ Neoplastic disease, specify: _____
- _____ Congenital condition, specify: _____
- _____ Cardiac disease, specify: _____
- _____ Respiratory disease, specify: _____
- _____ Renal/Urinary, specify: _____
- _____ Neurologic disease, specify: _____
- _____ Endocrine disease, specify: _____
- _____ Gastrointestinal disease, specify: _____
- _____ Hematologic disease, specify: _____
- _____ Perinatal condition, specify: _____
- _____ Other natural/medical causes, specify: _____
- _____ SIDS – Put to sleep on: Back Side Stomach Unknown
- Setting: In-home Child care facility Family childcare (5 years or less) Other: _____
- Caretaker: Parent Relative Non-Relative

Answer for all natural deaths:

Was environmental tobacco exposure a risk factor in this death? Yes No Unknown

If yes, explain: _____

Questions 27-37 pertain to all non-natural causes of death such as accidents, homicides, suicides, motor vehicle crashes, and violence; and unknown causes.

27. Was this death the result of **drowning**? Yes No (If yes, answer remainder of question #27).
 List type of drowning: Bathtub Bucket Canal Lake/River Multi-family private pool
 (i.e., apartment, condo) Private Residence Pool Public Pool toilet Other: _____
 If drowning occurred in a pool: Was the pool fenced? Yes No Unknown
 Was the lock secure? Yes No Unknown
 Was the yard fenced? Yes No Unknown
 Was the lock secure? Yes No Unknown
 Other fencing issues: _____

28. Was this death the result of **fire or burns**? Yes No (If yes, answer remainder of question #28).
 Describe the type of burn: Fire Chemical Hot Liquid
 If this was the result of a fire:
 What was the type of fire? Residential Business Motor Vehicle Other: _____
 Were fire/smoke alarms present? Yes No Unknown N/A
 If yes, were they functional? Yes No Unknown
 Was this death the result of smoke inhalation? Yes No

29. Was this death the result of **gunshot wound**? Yes No (If yes, answer remainder of question #29).
 Who shot the child? Self Parent Stepparent Relative Acquaintance Stranger
 Law Enforcement Other Unknown
 Who owned the gun? Self Parent Stepparent Relative Acquaintance Stranger
 Law Enforcement Other Unknown
 Was the gun locked? Yes No Unknown Where was the gun kept? _____
 How did the child get the gun? _____
 Type of gun: Hand gun Semi-automatic Shotgun Rifle Other: _____
 What was the location of the shooting? Residence School Public Place Other: _____

30. Was this death the result of **motorized vehicle crash**? Yes No (If yes, answer remainder of question #30).
 Type of vehicle: Automobile/Truck Motorcycle ATV Boat Airplane Jet ski Motorized
 Scooter Train Other: _____
 Time of incident: _____ A.M. P.M.
 What was the position of the child in the vehicle? (Circle one: 1 = Driver; 10 = Back of pickup):
 Unknown N/A. If N/A, was victim Pedestrian
 Bicyclist Other: _____

	07	04	01	
10	08	05	02	
	09	06	03	

Did the vehicle have restraints? Yes No N/A
 If yes, were restraints used appropriately? Yes No Unknown
 Did the vehicle have air bags? Yes No Unknown N/A
 If yes, did air bags deploy Yes No Unknown
 If yes, did the air bag cause or contribute to the death? Yes No Unknown
 If no deployment, was the air bag switch on? Yes No Unknown
 Was there in-utero trauma? Yes No Unknown N/A
 Was age of driver a factor? Yes No Unknown N/A
 If yes, specify age: _____
 Was any driver under the influence? Yes No Unknown N/A
 If yes, specify substance(s): Alcohol Marijuana Cocaine Sedative Methamphetamine
 Other: _____
 Was the child a pedestrian in a crosswalk? Yes No Unknown N/A
 Was the child a pedestrian in a driveway? Yes No Unknown N/A
 Were there adverse environmental conditions? Yes No Unknown

31. Was this death the result of **non-motorized vehicle crash** (Crash that did not involve a motorized vehicle)?
 Yes No If yes, answer remainder of question #31.
 If yes, what type of vehicle? Bicycle Skateboard Roller-Skates (Roller Blades)
 Scooters (Non-Motor) Snow board Skis Other: _____
32. If death was the result of #30 or #31, was a helmet worn? Yes No Unknown
33. Was this death the result of any of the following? **Answer question #33 only if questions #27-31 were answered "no". If there are multiple causes for the death, please place #1 next to the principle cause.**
- ____ Animal/insect/reptile bites, stings or other injury. Describe: _____
- ____ Choking. If yes, identify item child choked upon: _____
- ____ Blunt force trauma Abdominal Head Other: _____ Describe: _____
- ____ Exposure. If yes, was this due to: Border crossing Child in car
 Other outdoor exposure: _____
- ____ Electrocutation. Describe incident: _____
- ____ Fall. Describe incident: _____
- ____ Hanging. Describe incident: _____
- ____ Head injury. Describe incident: _____
- ____ Overlying. Describe incident: _____
- ____ Poisoning due to inhalation or ingestion. Identify substance: _____
- ____ Shaken Infant. Describe incident: _____
- ____ Stabbing/laceration. Describe incident: _____
- ____ Strangulation. Describe incident: _____
- ____ Suffocation. Describe incident: _____
- ____ Starvation/malnutrition. _____
- ____ Other (not previously identified in #27-31 or #33): Heart attack due to accidental drug overdose
34. Was product safety an issue? Yes No If yes, specify: _____
35. Family/household member circumstances (check all that apply):
 Domestic Violence Physical handicap Substance Abuse Life crisis
 Recent suicide (friend/acquaintance) Criminal Behavior
 Previous mental health problem. If yes, was this problem treated? Yes No Unknown
36. Child's circumstances (check all that apply):
 Runaway Physical handicap Substance Abuse Life crisis
 Recent suicide (friend/acquaintance) Previously known suicidal ideation Criminal Behavior
 Previous mental health problem If yes, was this problem treated? Yes No Unknown
37. Gang related? Yes No Unknown

ANSWER THE REMAINING QUESTIONS FOR ALL DEATHS

38. Did medical error (such as misdiagnosis, surgical error, medication error) contribute to the death?
 Yes No Unknown If yes, describe: _____
39. Did lack of medical care contribute to death? Yes No Unknown If yes, describe: _____
40. Was this an unexpected death? (No prior knowledge of any medical condition that would have lead to this death)
 Yes No Unknown
41. Was a law enforcement investigation done? Yes No N/A Unknown
 If yes, specify jurisdiction: Chinook Police Department
 Was the Infant Death Checklist received? Yes No N/A Unknown
 Were charges filed? Yes No N/A Unknown

42. **SUPERVISION:**

Did lack of appropriate supervision contribute to the child's death?

Yes No N/A Unknown (If yes, answer the remainder of #42; if no, skip to #43).

Who was the caretaker? Parent Stepparent Sibling Other relative Child Care None
 Other: _____

Did the age of the caretaker contribute to the death? Yes No N/A Unknown

If yes, identify age: _____

Did substance impairment of the caretaker contribute to the death? Yes No Unknown

If yes, identify substance(s): Alcohol Marijuana Cocaine Sedative
 Methamphetamine Other: _____

List other supervision issues: Child left alone Caretaker sleeping Mental Illness
 Mental retardation Physical disability Other: _____

43. **CHILD MALTREATMENT:** (Refer to guidelines* at bottom of page).

Was this death the result of child maltreatment? Yes No Unknown. If yes, please complete the "Child Maltreatment Referral Form". Describe maltreatment issues: _____

44. **If death was a homicide or result of child maltreatment,** who was (were) the alleged perpetrator(s)? Check all that apply:

Boyfriend Father Girlfriend Mother Stepmother Other relative
 Other Child care Friend/acquaintance Institutional staff Stepfather
 Stranger Unknown: _____

Were any of the following factors present with the perpetrator? Substance abuse Mental illness
 Domestic violence Mental retardation Physical disability Lack of resources Other: _____

45. What was the **team's determination of manner of death?** Natural Accident Suicide Homicide
 Undetermined. If undetermined, describe reason for difficulty in determining manner: _____

46. To what degree was this death preventable?
 Not at all Probably not Probably Definitely Unknown

Circle preventable issues or factors that apply: Describe other factors not included in list.

- | | | |
|--------------------------------|---|---|
| 01 = Lack of prenatal care | 12 = Child alone in/around water | <input checked="" type="checkbox"/> = Criminal behavior |
| 02 = Lack of medical treatment | 13 = Smoke alarms | 24 = Curfew violation |
| 03 = Lack of immunization | 14 = Vehicle restraints | 25 = Failure to report abuse |
| 04 = Exposure to smoking | 15 = Inexperienced driver | 26 = Illegal border crossing |
| 05 = Medical error | 16 = Excessive speed | 27 = Lack of mental health treatment |
| 06 = Prenatal substance abuse | <input checked="" type="checkbox"/> = Drugs/alcohol | 28 = Maltreatment history |
| 07 = Infant sleep position | 18 = Driver fatigue | 29 = Domestic violence |
| 08 = Co-sleeping | 19 = Passenger in back of truck | 30 = Public awareness-suicide |
| 09 = Unsafe bedding | 20 = Helmet usage | 31 = lack of substance abuse treatment |
| 10 = Parental supervision | 21 = Access to guns/weapons | 32 = Failure to recognize depressive symptoms |
| 11 = Barriers to pool | 22 = Gang involvement | |
- Other: _____

47. Comments/Recommendations: _____

48. Person completing this form:
Print Name: Dale M. Lucas Date 6/15/2008 Signature /s/ Dale M. Lucas

?? **MALTREATMENT:**

A "yes" answer to question #43 indicates that the following criteria have been met:

- The U.S. Department of Health and Human Services defines maltreatment as "An act or failure to act by a parent, caregiver, or other person as defined under State law which results in physical abuse, neglect medical neglect, sexual abuse, emotional abuse, or an act or failure to act which presents an imminent risk of serious harm to a child." This applies to the circumstances surrounding the death.
- The relationship of the individual accused of committing the maltreatment to the child must be the child's parent, guardian or caretaker.
- A team member, who is a mandated reporter, would feel obligated to report a similar incident to CPS.

49. Members in Attendance: Alejandro Martinez, Amy Decker, Richard Matheson and Keshawna Turner

50. Documents Reviewed:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Death Certificate | <input type="checkbox"/> Supplemental Death Certificate | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> CPS Report | <input checked="" type="checkbox"/> Medical Examiner Report | <input type="checkbox"/> Hospital Records |
| <input type="checkbox"/> Behavioral Health Records | <input type="checkbox"/> Law Enforcement Records | <input type="checkbox"/> Department of Education |
| <input type="checkbox"/> Public Health Records | <input type="checkbox"/> Probation Records | <input checked="" type="checkbox"/> Other: <u>Toxicology Report</u> |

51. Signature of Team Chairperson: /s/ Alejandro Martinez

EXHIBIT 4

DUNIWAY COUNTY OFFICE OF THE MEDICAL EXAMINER PRELIMINARY TOXICOLOGY REPORT

REPORT NO.: 2008-01030

DATE OF REPORT: May 11, 2008

NAME OF DECEASED: Jordan Simon

DATE OF DEATH: May 6, 2008

PREPARED BY: R.C. Snyder, M.D.

SPECIMEN TYPE: Blood serum

I tested the specimen for the following substances, and my findings are set forth below:

<u>Suspected Substance</u>	<u>Level</u>
CNS Depressants	Negative
CNS Stimulants	Negative
Hallucinogens	Negative
PCP	Negative
Narcotic Analgesics	Negative
Inhalants	Negative
Cannabis	Negative
Alcohol	Negative
Erythropoietin	10,000 mIU/ml

By comparison, in normal patients, serum levels of erythropoietin range from 10 to 30 mIU/ml (milliunits per milliliter). These levels may increase 100- to 1000-fold during hypoxia or anemia.

AS EVERYONE KNOWS, ANABOLIC STEROIDS MAKE YOU MORE ATTRACTIVE.

Girls – did you know? Steroids may:

- Give you a severe case of acne
- Give you facial hair
- Give you a case of bad breath
- Give you a deep enough voice to sing baritone in the choir
- Make you look more like a man
- Increase your chances of being childless



Steroids.

The choice you make today can affect you forever.



MAKE THE RIGHT CHOICE

AS EVERYONE KNOWS,
ANABOLIC STEROIDS
MAKE YOU MORE
ATTRACTIVE.



Steroids.

The choice you make today can affect you forever.



MAKE THE RIGHT CHOICE

CHOICE ISN'T ALWAYS EASY. As an athlete, you make choices every day that can determine if you succeed or fail.

Split-second decisions made during competition can immediately affect whether you win or lose. Other choices – such as how hard you practice, what you eat and how much you sleep – will influence how well you perform on any given day. Decisions about the number of sports you play, who you work with as your coach and how you deal with injury and defeat have more long-term consequences. These choices aren't always easy.

Another choice athletes must make involves the use of drugs to enhance athletic performance or appearance. And like all other choices, the decision to use drugs such as anabolic steroids will have both immediate and long-term consequences. All choices have consequences, but those that affect your health are more serious than others.

Anabolic Steroids

The hormones used by some athletes to increase muscle mass and strength are **anabolic, androgenic steroids**. Anabolic, androgenic steroids are synthetic forms of the male hormone testosterone. Like testosterone, these steroids have anabolic effects – primarily the increase in muscle tissue – and androgenic effects – the masculinizing effects boys experience during puberty. No anabolic, androgenic steroid is purely anabolic. In other words, the use of the steroids won't lead to muscle growth without also leading to other unintended, undesirable side effects.

Anabolic, androgenic steroids are different from steroids doctors prescribe to treat asthma and inflammation. These steroids are **corticosteroids**. Corticosteroids might be abused by athletes too, but generally not for purposes related to gaining mass and strength.

The temptation to use anabolic steroids is understandable. There is a lot of pressure on young people to excel in athletics or to have a certain type of body. Research shows that athletes use steroids for one of two reasons: to gain strength or to recover more quickly from injury. In addition, studies show that nearly one third of high-school age steroid users do not participate in organized athletics and are taking the drugs primarily to modify their appearance.

Facts about Anabolic Steroids

These are facts that should be known to anyone who desires to be a better athlete or to change how he or she looks.

- Steroids are powerful drugs. Doctors prescribe them only for specific wasting diseases and for men who don't produce testosterone.
- The possession or sale of anabolic steroids in the United States without a prescription is illegal.
- The vast majority of high school and college athletes compete steroid free.
- Athletes who use injectable anabolic steroids in high school have tested positive in collegiate drug tests – months after they stop injecting steroids.
- Drug users who inject steroids are at greater risk for infections, including HIV and hepatitis.
- Avoid environments where steroid use might occur.
- Avoid people who you believe are involved with steroid use.
- Androstenedione and other similar hormonal substances are controlled substances and are no longer available in dietary supplements.

Side Effects from use of Anabolic Steroids

All professional and amateur sports organizations ban the use of steroids because of their dangerous side effects and because steroids give competitors an unfair advantage.

- The use of steroids by young people whose bones are still growing will result in stunted growth.
- Girls, like boys, use steroids to excel at their sport, recover from injury and modify their appearance.
- Girls who use steroids can grow body and facial hair and experience permanent voice lowering.
- Boys who use steroids can form breast tissue, begin to lose their hair (go bald) and have their testicles shrink.
- Boys and girls who use steroids can have thick, oily skin, which often leads to severe acne on the face and body.
- Steroid users report an initial feeling of well being that is later replaced by mood swings, loss of sleep and paranoia. Reports of depression are common in people who stop using steroids.
- Some athletes have died from steroid use either because of the effects of the steroids on their body or the effects of discontinuing steroid use without a doctor's help.

Athletes who are caught using steroids embarrass themselves, their parents, their coaches and their schools.

EXHIBIT 8

EASTSIDE HIGH SCHOOL 100m INDIVIDUAL BESTS (Thru April) 2007-2008

	<u>Time</u>	<u>Year</u>
Simon, Jordan.....	11.50.....	Sr
Pearce, Morgan.....	11.86.....	Sr
Hale, Trippe.....	11.92.....	Sr
Gonzales, Giani.....	12.04.....	Sr
Patel, Shar.....	12.18.....	Jr
Hummel, Kia.....	12.52.....	So
Young, Kris.....	12.63.....	Fr
Lee, Kim.....	12.79.....	So
Jones, Aberon.....	12.80.....	Fr
Sanders, Eli.....	13.14.....	Fr

EASTSIDE HIGH SCHOOL 100m FINAL MEET INDIVIDUAL TIMES 2006-2007

	<u>Time</u>	<u>Year</u>
Oswald, Jesse.....	11.72.....	Sr
Rosenstein, Andi.....	11.96.....	Sr
Lindros, Sam.....	12.02.....	Sr
Hale, Trippe.....	12.08.....	Jr
Simon, Jordan.....	12.21.....	Jr
Pearce, Morgan.....	12.21.....	Jr
Gonzales, Giani.....	12.23.....	Jr
Patel, Shar.....	12.43.....	So
Hummel, Kia.....	12.58.....	Fr
Lee, Kim.....	12.86.....	Fr

EASTSIDE HIGH SCHOOL 100m FINAL MEET INDIVIDUAL TIMES 2005-2006

	<u>Time</u>	<u>Year</u>
Rueles, Angel.....	11.68.....	Sr
Lewelan, Rory.....	11.84.....	Sr
Oswald, Jesse.....	11.92.....	Jr
Rosenstein, Andi.....	12.18.....	Jr
Simon, Jordan.....	12.19.....	So
Lindros, Sam.....	12.28.....	Jr
Hale, Trippe.....	12.25.....	So
Pearce, Morgan.....	12.32.....	So
Gonzales, Giani.....	12.57.....	So
Patel, Shar.....	12.84.....	Fr

EASTSIDE HIGH SCHOOL 100m FINAL MEET INDIVIDUAL TIMES 2004-2005

	<u>Time</u>	<u>Year</u>
Andrews, Pat.....	11.77.....	Sr
Rueles, Angel.....	11.90.....	Jr
Lewelan, Rory.....	12.08.....	Jr
Oswald, Jesse.....	12.09.....	So
Rosenstein, Andi.....	12.34.....	So
Simon, Jordan.....	12.34.....	Fr
Lindros, Sam.....	12.49.....	So
Hale, Trippe.....	12.50.....	Fr
Pearce, Morgan.....	12.55.....	Fr
Gonzales, Giani.....	12.97.....	Fr

EXHIBIT 9

FIRST CHINOOK BANK "TRUST FIRST CHINOOK" WITHDRAWAL SLIP	
Date <u>12/17/07</u>	Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/>
Accountholder <u>Jordan Simon</u>	Account No. <u>1966-0802</u>
Amount \$ <u>8,500.00</u>	Teller ID <u>H47</u>
<u>/s/ Jordan Simon</u> Authorized Signature	

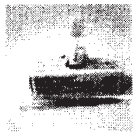
FIRST CHINOOK BANK "TRUST FIRST CHINOOK" WITHDRAWAL SLIP	
Date <u>2/11/08</u>	Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/>
Accountholder <u>Jordan Simon</u>	Account No. <u>1966-0802</u>
Amount \$ <u>8,500.00</u>	Teller ID <u>A14</u>
<u>/s/ Jordan Simon</u> Authorized Signature	

FIRST CHINOOK BANK "TRUST FIRST CHINOOK" WITHDRAWAL SLIP	
Date <u>3/18/08</u>	Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/>
Accountholder <u>Jordan Simon</u>	Account No. <u>1966-0802</u>
Amount \$ <u>8,500.00</u>	Teller ID <u>C23</u>
<u>/s/ Jordan Simon</u> Authorized Signature	

EXHIBIT 10

Eastside High School Internet Printing Summary Report

Date/Time of Request:	Monday, April 10, 2008
Student Name:	JORDAN SIMON
Student ID No.:	05-6357
Documents:	1
Pages:	2



Enhancing Your Performance The Unnatural Way *A Look At the Banned Substance EPO*

By Chris Tull
 B.T.com contributing writer

Everyone's talking about performance-enhancing drugs (PEDs) now thanks to Congressional hearings held this past March, highlighting steroid use in Major League Baseball.

No sport is immune from this inquiry's hot seat. Even the sport of triathlon, a competitive, yet under-the-radar sport for years, has the bright lights of shame shining on it.

The biggest PED story in triathlon broke last fall when Nina Kraft won the 2004 Triathlon World Championship in Hawaii, yet tested positive for the banned substance —EPO or Erythropoietin.

So what exactly is EPO? What does it do? Why is it banned? And why would someone as talented as Nina Kraft use it in the biggest triathlon competition in the world?

The Miracle Drug

EPO first appeared on the market as a medical drug. The drug, when injected into the body, increased production of the oxygen-carrying red blood cells. It's still used today to treat several medical conditions.

EPO benefits cancer patients with blood weakened by chemotherapy treatments. It's also given to patients suffering kidney disease, and helps repair blood damaged by kidney dialysis. EPO, when provided under strict medical supervision, can be given safely.

But the trouble for EPO started in the late 1980's when the sports community discovered EPO heightens athletic performance significantly.

Magic Shoes

In 1989, seven athletes underwent an EPO experiment in Sweden. Swedish scientist, Dr. Bjorn Ekblom of the Stockholm Institute of Gymnastics and Sports, injected the athletes with EPO and then measured their endurance levels on a treadmill.

All subjects outperformed their previous endurance levels after injecting with EPO. Dr. Ekblom reported that, on average, EPO cut up to 30 seconds off a 20-minute running time. In world-class events, where fractions of a second sometimes separate winners from losers, the benefits of EPO for athletes are huge.

So why does EPO work so well for endurance athletes?

Muscles need oxygen to perform. Red blood cells in the blood carry this oxygen to the muscles. The more red blood cells in one's blood, the more oxygen that can be carried to the muscles.

This continual boost of oxygen allows muscles to perform longer. Thus, for endurance athletes, more oxygen in their blood is like growing wings their feet. A typically grueling, uphill marathon suddenly feels like a cakewalk with EPO.

Of course, there's a catch. A medical doctor can safely supply EPO to patients. However, an EPO overdose (a big problem with athletes and their "more is better" attitudes) results in thickened blood. When a person who's overdosed on EPO rests, their slowing heart tries to pump this thickened blood through their body.

The result is heart failure, and usually death - hence, one of the major reasons for banning EPO from professional sports competition.

Many athletes found this out the hard way.

The Lore of Athletic Glory

In February 1990, 27-year old Dutch professional cyclist Johannes Draaijer's died suddenly of a heart attack. This occurred roughly six months after he placed 20th in the month-long, 3,500-km Tour de France.

EXHIBIT 7

S T E R O I D S

Students

The Steroid-free Choice

Given all of the negative aspects of steroid use, it just doesn't make sense to risk your health and your reputation. You have all sorts of great options when it comes to enhancing your sports performance or your appearance. Consider some of these.

- Talk with your coach, parent, teacher or counselor about any frustrations you might have about how you are performing in your sport.
- Set short-term and long-term goals that will help you excel.
- Be well-hydrated while you compete. That will give you a natural advantage over your competition.
- Focus on getting a proper diet and plenty of rest.
- Don't trust gimmicks or quick-fix approaches.
- Support your friends' decisions to be steroid-free. Talk to a trusted adult if you suspect a friend or teammate is using anabolic steroids.
- Ask your coaches to lead a team discussion about steroid abuse.
- Work with a registered dietician to develop a plan for weight gain or fat loss. Learn when and how much to eat to enhance your athletic performance and how you look.



Additional Help to make the Right Choice

There are many resources available to you to help you achieve your athletic and personal goals – resources geared specifically to athletes like you who want to succeed without using anabolic steroids. A listing of excellent online resources is available at www.nfhs.org.

References

"Hormone Abuse." The Hormone Foundation.

"Steroid Abuse by School-Age Children." U.S. Department of Justice, Drug Enforcement Administration.

"Use of Performance-Enhancing Substances." American Academy of Pediatrics.

Special thanks to the Clell Wade Coaches Directory.

* This brochure, in a pdf format, can be downloaded from the NFHS Web site at www.nfhs.org.



National Federation of State High School Associations
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An advertisement for 'MAKE THE RIGHT CHOICE'. It features a close-up photograph of a muscular arm flexing, with a grid overlay. The text 'MAKE THE RIGHT CHOICE' is written in large, bold, blue letters. Below it, the tagline 'It's not really winning if you cheat.' is written in a smaller, italicized font.

**MAKE
THE RIGHT
CHOICE**

It's not really winning if you cheat.

At the time, cycling authorities credited his death to 'cardiovascular abnormalities' – agitated by the rigors of his sport. However, Draaijer's wife later told the German news magazine, *Der Spiegel*, that her husband became sick after using EPO.¹

Overall, doctors credit EPO overdose to the deaths of over 20 professional cyclists from Europe to Central America during the late 1980's to early 1990's.

Of course, the lore of athletic glory isn't only limited to cyclists. In his book, *Drugs in Sports*, Edward F. Dolan recounts a survey where 100 runners were asked if they'd take a drug that would make them Olympic champions, but kill them in a year.²

More than one half the runners surveyed replied yes.

I don't think many would disagree that athletics have become competitive in all the wrong ways. I'm not sure when the change happened. I'm guessing sometime within the second half of the 20th century, when commercials and television started blending with sports.

Sporting participants are obsessed with victory. And I'm not just talking about sports on the professional levels. Amateur and masters athletes are just as crazy-competitive as the pros.

With athletics and its 'victory at any cost' mindset, it's easy to see how getting any edge (even if it means using an illegal PED) is tempting. Meanwhile, PED-free athletes watch in frustration as their competitors illegally achieve record performances in competition.

So What's a Beginning Triathlete To Do?

If you are competing, check the rules of your sport. If the sport considers a substance illegal, don't use it. Chances are the substance is banned for a reason.

As of this writing, the World Anti-Doping Agency and the International Olympic Committee have begun toughening testing standards. The National Football League and other professional leagues have proposed toughening the same testing standards. In other words, it's only going to be harder to get away with using banned substances in sports. Don't take a chance. Besides, there's no victory worth a health ruined by drugs.

And what to do with those caught using illegal-substances? Should you ban them from the sport for life? Should you take away their records? I have no idea. But feel free to voice your opinions on the www.beginnertriathlete.com forum.

Consider this, though: As Nina Kraft cycled to the finish of her bike leg in the 2004 Triathlon World Championship in Hawaii, she hung her head low. In first place, observers thought she was either being modest, or focused.

Kraft said she was simply ashamed. She knew she cheated. Maybe for someone as talented as Nina Kraft that's punishment enough.

About the Author: Chris Tull is a writer based out of the Dallas/Fort Worth area. Once upon a time, he was a 'burgers-and-beer-only' kind of guy. Chris has since lightened up on the diet and added yoga, weight lifting, and (of course) triathlon training to the mix. You can contact him at chrisandniki@yahoo.com or visit his online journal at <http://ctull.blogspot.com/>

¹Deacon, James, "A phantom killer: doctors target a new performance-enhancing drug," *Maclean's*, 1995.

²Dolan, Edward, F. *Drugs in Sports*. London: Franklin Watts, 1986.