

**AGREEMENT AND RELEASE FROM LIABILITY
FROM CROSS INFECTION AMONG CF PARTICIPANTS**

Each individual planning to attend the CFRI Education Conference and/or the Teen & Adult Day Retreat must read, initial in the appropriate place, and sign this release and send it in with the application. Parents of minors < 18 years of age who attend the CFRI Education Conference or Day Retreat must also read, initial in the appropriate place, and sign the release on behalf of their children. Conference or Day Retreat participants between the age of 18 and 21 must have a parent or guardian sign AND must sign themselves.

Assumption of Risk

I/we, _____, acknowledge that I/we have voluntarily applied for _____
Name of CF Adult or Parents of Minor

and/or on behalf of our minor child, _____, to participate in the CFRI Education Conference, _____, on the premises of The Sofitel San Francisco Bay Hotel, Redwood City, California or the CFRI Teen & Adult Day Retreat, _____, on the premises of the Vallombrosa Center, Menlo Park, California.

PARTICIPANT'S STATEMENT: I, _____, am aware that the medical experts at the Centers for Disease Control and others who work in the field of CF care have published recommendations that people with CF avoid social interaction with each other because they risk passing on the infections in their lungs to each other. My participation in the CFRI Education Conference and/or CFRI Teen & Adult Retreat includes the risk of cross-infection among and between people with cystic fibrosis. I understand that acquiring certain lung infections such as *Pseudomonas aeruginosa*, *Burkholderia cepacia*, Methicillin-Resistant *Staphylococcus aureus* or any type of bacterium resistant to all antibiotics shortens life span and sometimes increases the failure rate with lung transplantation. The effects of other infections such as *Stenotrophomonas* and *Alcaligenes* is not yet known. I have discussed the risks and benefits of attending Conference or Day Retreat with my physician, Dr. _____, on the following date: ____/____/2005. He/She advised me to do the following: _____.

I am aware that my attendance at the Conference or Day Retreat may expose me to bacterial and/or viral infections, including, but not limited to, antibiotic-resistant bacteria and viruses, Methicillin-resistant *Staphylococcus aureus* and *Burkholderia cepacia*.

I understand that in recent years over half of those attending the CFRI Conference or the CFRI Teen & Adult Retreat harbored lung infections which are moderately resistant to antibiotics. Required performance of a sputum culture within 6 weeks before the Conference or Day Retreat is used to screen out individuals with the highest risk infections (*B. cepacia*, MRSA, etc.) but I understand the cultures are not 100% accurate in detecting the presence of all dangerous infections. Participants of Conference and Day Retreat are requested to follow protocols (handwashing, etc.) to reduce the risk of cross infection, but I understand that not everyone consistently follows these protocols 100% of the time.

Because I expect other benefits from attending Conference and/or Day Retreat, I accept the risk of acquiring a new infection during my attendance. I understand that the result of such infection could be: 1. further shortening of my lifespan, 2. possible decrease in my acceptability for lung transplantation candidacy or other treatments, and 3. the need for increased frequency of hospitalization and need for treatment with combinations of strong antibiotics which may carry risks of serious side effects.

I am voluntarily participating in the Conference and/or Day Retreat with knowledge of the risks involved. In order to induce CFRI to permit me to attend the Conference, I hereby agree to accept any and all risks of injury or death resulting from such cross-infection, and verify this statement by placing my initials here:_____.

I consent for my physician to be contacted to verify the accuracy of what I have stated regarding my conversation with him/her and regarding the results of my sputum cultures during the past two years, by placing my initials here: _____.

PARENTS' STATEMENT: In order to induce CFRI to permit our minor child to attend the Conference and/or Day Retreat, we, _____ and _____, the parents or legal guardians of _____, hereby agree to accept sole responsibility for any and all risks of injury or death to our child resulting from such cross-infection, and verify this statement by placing our initials here:_____.

Release

I understand that CFRI, the Sofitel San Francisco Bay Hotel, Vallombrosa Center or affiliated organizations, have undertaken reasonable precautions to prevent the communication of viral or bacterial respiratory infections. I hereby agree to release CFRI, the Sofitel San Francisco Bay Hotel, Vallombrosa Center, or affiliated organizations, as well as the officers, directors, employees and volunteers of these organizations, from all actions, claims or demands resulting from my participation in the Conference and/or Day Retreat. I further agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attempt to attach the property of CFRI, the Sofitel San Francisco Bay Hotel, Vallombrosa Center, or affiliated organizations, the officers, directors, employees and volunteers of these organizations, on account of injury or death resulting from any infection, howsoever caused, that may be contracted by me through my participation in the CFRI Education Conference and/or the CFRI Teen & Adult Day Retreat, and verify this statement by placing my initials here: _____, _____, _____ (in the case of a participant aged 18- 21, the participant and parent/guardian must read the Release and initial here).

Voluntary Participation and Execution

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and CFRI, the Sofitel San Francisco Bay Hotel, Vallombrosa Center, or affiliated organizations, and sign it of my own free will.

Print Name of Adult Participant

Signature

Date

Print Name of Minor

Date

Print Name of Parent/Guardian

Signature

Date