



CYSTIC FIBROSIS RESEARCH, INC.
NATIONAL CYSTIC FIBROSIS FAMILY EDUCATION CONFERENCE/
TEEN AND ADULT RETREAT

Medical Guidelines and Disclaimers for People with CF: In order to ensure your health and safety during the National Cystic Fibrosis Family Education Conference ("Conference")/Teen and Adult Retreat ("Retreat"), the following medical requirements and guidelines must be observed.

Those individuals with CF, without a signed physician medical release, will be asked to leave the premises.

- Individuals who have ever had a confirmed positive sputum culture for Burkholderia cepacia (B. cepacia), or who have cultured Methicillin-resistant Staphylococcus aureus (MRSA) within the past two years, or who are currently culturing pathogenic bacteria resistant to all antibiotics may NOT attend the conference/retreat because of the cross-infection risks to others with CF.
TO ATTEND THE CONFERENCE, YOU MUST HAVE COMPLETED A SPUTUM CULTURE BETWEEN JUNE 17, 2011 AND JULY 28, 2011.
TO ATTEND THE RETREAT, YOU MUST HAVE COMPLETED A SPUTUM CULTURE BETWEEN JUNE 17, 2011 AND JULY 28, 2011.
All cultures must be taken at a CFF Accredited CF treatment center laboratory.
If you have had a lung transplant, you must submit a medical release form to CFRI.
CFRI cannot guarantee a Conference or Retreat free of risk for cross-infection for viruses or pathogens. We urge you to discuss cross-infection with your physician and decide for yourself if you should attend the CFRI National Cystic Fibrosis Family Education Conference or the Teen & Adult Retreat.

Last name: _____ First Name: _____ Date of birth: _____

Physician name: _____ CF Clinic: _____

Physician address: _____

City, State & Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

My patient has had a sputum culture done after June 17, 2011 including Burkholderia cepacia specific media. I have reviewed this culture result and declare that my patient _____ has never cultured Burkholderia cepacia, has not cultured Methicillin-resistant Staphylococcus aureus (MRSA) within the past 2 years, and is not currently resistant to all antibiotics. I have cautioned my patient regarding the risks and dangers associated with transmission of viruses and bacteria (and in particular Burkholderia cepacia) when associating with other people with CF.

I recommend the following physical restrictions on this patient: _____ [] No physical restrictions (please check box)

Physician Signature _____ Print Name _____ MD License # _____ Date _____

We Must Receive a Complete and Signed Medical Release for ALL Participants with CF by Fax or US Mail at the CFRI office For Registration to be final.

Cystic Fibrosis Research, Inc.
2672 Bayshore Parkway, Suite 520
Mountain View, CA 94043

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

Each individual planning to attend the CFRI National Cystic Fibrosis Family Education Conference (“Conference”) and/or the Teen & Adult Retreat (“Retreat”) must read, initial in the appropriate place, and sign this release and send it in with the registration. Parents of minors < 18 years of age who attend the CFRI National Cystic Fibrosis Family Education Conference or Teen & Adult Retreat must also read, initial in the appropriate place, and sign the release on behalf of their children. Conference or 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 National Cystic Fibrosis Family Education Conference, _____, on the premises of The Sofitel San Francisco Bay, Redwood City, California and/or the CFRI Teen & Adult 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 National Cystic Fibrosis Family 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* are not yet known. I have discussed the risks and benefits of attending Conference or Retreat with my physician, Dr.

_____, on the following date: ____/____/2011. He/She advised me to do the following:

_____. I am aware that my attendance at the Conference or 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 some attending the CFRI National Cystic Fibrosis Family Conference or the CFRI Teen & Adult Retreat may harbor lung infections which are moderately resistant to antibiotics. Required performance of a sputum culture within 6 weeks before the Conference or 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 Retreat are requested to follow protocols (hand washing, 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 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 Retreat with knowledge of the risks involved. In order to induce CFRI to permit me to attend the Conference/Retreat, 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 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, Vallombrosa Center, affiliated organizations or medical advisors 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, Vallombrosa Center, affiliated organizations or medical advisors, 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 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, Vallombrosa Center, affiliated organizations, the medical advisors, 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 National Cystic Fibrosis Family Education Conference and/or the CFRI Teen & Adult 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, Vallombrosa Center, affiliated organizations or medical advisors, 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