

Participant – Parental Release Form

I declare that I/my child, _____, 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 authorize my child to participate in the following physical activities:

Swimming in a public pool Yes___ No___ Hike up to 2 miles Yes___ No___
Lawn Games (e.g. Volleyball) Yes___ No___ Restrictions _____

I will provide the following medical and insurance information:

Medical:

Allergies Yes___ No___ If yes, please explain_____
Medications Yes___ No___ If yes, please attach list on separate sheet.
Health Needs Yes___ No___ If yes, please explain on separate sheet.

Medical Health Insurance:

Name of Insured _____
Company Name _____
Insurer and policy number _____
(Provide a copy of front and back of insurance card)

Emergency Contacts:

Name and relationship _____
Telephone number _____

In consideration of participation in the CFRI Day Retreat, I indemnify and hold harmless and release CFRI, its agents, its employees, and volunteers working for CFRI, from any and all liability for injury suffered by myself or my child arising from or connected with the Day Retreat. I assume all risk for any injuries. I also authorize and assume financial responsibility for the use of medical treatment and medical transportation in case of an emergency. I sign of my own free will.

(Parent or Guardian Signature, if attendee is under 18 years old) (Date)

(Signature of Attendee) (Print Name of Attendee)

(Address) (City, State, Zip)

(Telephone Number)

This form is to be signed and turned in by all Retreat attendees, prior to the Teen & Adult Day Retreat on August 3rd through August 9th, 2010. Those under 18 years of age must have form signed by a parent or guardian.

**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* are not yet known. I have discussed the risks and benefits of attending Conference or Day Retreat with my physician, Dr. _____, on the following date: ____/____/2010.

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 (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 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: _____.

(Complete the next page)

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

RETREAT GUIDELINES

CFRI Day Retreat 2010

August 3 - 9, 2010

Due to Insurance issues and the Vallombrosa Retreat Center concerns, we at CFRI are asking all the participants of the Day Retreat to agree to the following guidelines. The value and importance of good procedures for our organization cannot be over emphasized. Having good governing documents is essential to our survival. This will ensure that CFRI is acting in a safe and responsible manner. Please read, review and sign these guidelines, so we know you understand the importance of these concerns. By signing below, I promise:

1. To follow rules and regulations of the Vallombrosa Retreat Center.
2. To follow rules, supervision and instructions of assigned Retreat Leaders.
3. To report any incidents and/or accidents to Leader of the Day, Jessica Martens (Retreat Chair), Medical Advisor or CFRI Staff members.
4. To take care of all my medical requirements/treatments and not overexert myself during the Retreat.
5. To behave in a safe and appropriate manner towards those around me.
6. To behave in a manner which protects and respects the Vallombrosa property, and the property of others.
7. To not drink alcoholic beverages, use illegal substances or smoke during the retreat.
8. To obey the Cross Infection Guidelines which include:
 - a. I will wash my hands before and after my own treatments or after assisting with treatments for those with CF.
 - b. I will wash my hands after coughing or handling dirty tissues, and before meals.
 - c. **If I have CF, I will not enter the treatment room of another person with CF.**
 - d. If I have CF, will keep a three-foot distance from others with CF when coughing. I understand this distance is recommended by CFF cross infection guidelines. *

If conduct is not reflective of these rules, CFRI can dismiss me from the Day Retreat without any refund of fees.

(Attendee Signature)

(Parent Signature required if attendee is under 18 years old)

* Copies of CFF cross infection guidelines are available for review at the registration table.

MEDICAL RELEASE FORM

Medical Guidelines and Disclaimers for People with CF: In order to ensure your health and safety during the CFRI Education Conference/Day 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 a bacterium resistant to all antibiotics pan resistant may **NOT** attend the conference/retreat because of the cross-infection risks to others with CF. Bacteria can be transmitted through casual contact or close proximity between CF individuals, and may cause serious respiratory illness. In the case of *Burkholderia cepacia*, in some patients this may result in rapid decline in lung function, possibly leading to death. For this reason, CFRI must be very strict about this policy. We also maintain strict on-site hygiene guidelines. Even so, while this reduces the risk of cross-infection, there is still the possibility a person may attend with one or more of these bacteria, and thus there remains a risk of cross infection. These bacteria are *not* a known risk to individuals without CF who are otherwise healthy.
- ◆ **TO ATTEND THE CONFERENCE, YOU MUST COMPLETE A SPUTUM CULTURE BETWEEN JUNE 18, 2010 AND JULY 30, 2010.**
- ◆ **TO ATTEND THE DAY RETREAT, YOU MUST COMPLETE A SPUTUM CULTURE BETWEEN JUNE 18, 2010 AND JULY 30, 2010.**
- ◆ All cultures must be taken at a CFF Accredited CF treatment center laboratory. **If you are hospitalized after submitting your culture, you must arrange for another culture report to be done at discharge.**
- ◆ If you have had a lung transplant, you must submit a medical release form to CFRI. This must be approved by your physician and may be based on your most recent bronchoscopy, if you cannot produce a sputum culture.
- ◆ **CFRI cannot guarantee a Conference or Day Retreat free of risk for cross-infection of viruses or bacteria. We urge you to discuss cross-infection with your physician and decide for yourself if you should attend the CFRI Annual Educational Conference or the Teen & Adult Day 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 18, 2010 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 Registration to Be Final

SCHOLARSHIP APPLICATION

Scholarship Applications are due July 23, 2010

Please submit one registration form for each applicant.

A scholarship is awarded to anyone who would like to attend the retreat but is not financially able. We ask, though, that you contribute as much as you can afford toward registration. To assist you in raising further funds, CFRI Day Retreat Sponsor forms are also available. Scholarship application is due at the same time when registration is submitted. Scholarship approval is contingent upon receipt of signed medical release. **This scholarship covers the registration fees and meals. (Additional scholarships on page 10)**

Please print clearly

<u>Last Name</u>	<u>First Name</u>	<u>Street Address</u>	
<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone ()</u>
<u>Email</u>			
Please mark your association with CF			
<input type="checkbox"/> Adult with CF	<input type="checkbox"/> Grandparent of CF person		
<input type="checkbox"/> Partner/Spouse of CF person	<input type="checkbox"/> Friend		
<input type="checkbox"/> Parent of CF person	<input type="checkbox"/> Nurse		
<input type="checkbox"/> Sibling of CF person	<input type="checkbox"/> Other (please define _____)		

If you have cystic fibrosis, your application will not be complete until CFRI has received a signed medical release from your physician at a CF Treatment Center.

In the space below, write a paragraph or two on why you would be a good candidate for a retreat scholarship. If necessary, you may use the back of this page.

CFRI DAY RETREAT SPONSOR FORM

Dear Friends,

I am seeking sponsors to help send me to the CFRI Teen and Adult Day Retreat scheduled for August 3 – 9, 2010. Cystic Fibrosis Research, Inc. (CFRI), a 501 (c) (3) non-profit organization, sponsors this retreat. Cystic fibrosis is a fatal genetic disease that affects the respiratory and digestive systems. There are 30,000 Americans who have CF.

This annual day retreat is essential to living well with CF with presentations by health professionals and CF support groups; it directly enhances the quality of life for people with CF, their partners and their families.

Please sponsor me. My goal is to raise as much as possible to help cover the costs. Your contribution is tax deductible. Write your complete address so that CFRI can mail you a receipt. Please make checks payable to CFRI and note in the memo section of check: CFRI Retreat – Sponsoring name.

Thank You,

PARTICIPATE NAME

Please Print

Sponsor Name	Street, City, State & Zip	DONATION
SUSAN SPONSOR	123 Main St., Palo Alto, CA 94306	\$20.00
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SOME INNOVATIVE WAYS TO FUNDRAISE FOR THE RETREAT

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. COIN JARS 2. BEG REALLY HARD 3. WALK/PET SIT NEIGHBOR'S PETS 4. SELL 4 PINTS OF BLOOD OR BODY FLUIDS 5. STAND OUTSIDE WITH SIGN "WILL WORK FOR RETREAT" | <ol style="list-style-type: none"> 6. SIGN UP FOR A COMPENSATED CLINICAL TRIAL 7. RENT OUT YOUR SIBLING 8. ASK FAMILY AND FRIENDS FOR \$10 9. HOLD AN ESTATE/YARD SALE 10. ASK FOR A BIRTHDAY/GRADUATION/IN HONOR OF GIFT. |
|--|---|

Videotape, Website & Photo Prior Consent & Release

Each individual planning to attend the Day Retreat should complete and send this in with the application.

Whereas, Cystic Fibrosis Research, Inc. (CFRI) may desire to film, videotape, or photograph presentations at the 2010 CFRI Teen and Adult Day Retreat and to use such film or videotape as part of its educational activities, including educating the public concerning CFRI's need for public support; and Whereas I desire to participate in this Retreat, and make a non-monetary contribution to CFRI for its educational activities, I hereby give permission to CFRI to use my photograph, likeness, or commentary, as the same may be depicted in such film or videotape, for purposes of public relations and/or education by CFRI. I specifically recognize that CFRI may not permit me to review the film or videotape, or any part thereof, including any part including my image or presentation, prior to its showing, and that CFRI may show, or cause to be shown, without consent from me, such film or videotape, or photographs derived therefrom, to its members and to the public, including through CFRI's website, radio stations and television channels. I specifically consent to such activity and showing.

I agree to release CFRI, together with its assignees, directors, agents, officers, volunteers, employees, and their successors from liability for any and all costs, including attorneys' fees, and liability for personal injury (including death), that may be suffered by me and from all claims and demands for damage to or loss of my/our personal property growing out of or resulting from the filming and taping of the above. I hereby waive any rights that I may have under Section 1542 of the California Civil Code.

(1) Section 1542 of the California Civil Code states:

A general release does not extend to claims, 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 his settlement with the debtor.

I understand that CFRI may copyright the photographs, videotape, audiotape, and materials, and may utilize, release, disclose, modify, and change these as, in its judgment, may be desirable in connection with its charitable activities.

Signature of participant _____ **Date** _____

Typed or Printed Name _____

Signature of Parent/Guardian _____ **Date** _____
(if under 18 years of age)



Additional Scholarship Opportunities!

In addition to the scholarship application in this packet other scholarship opportunities are available to assist with the cost of overnight accommodations and travel fees. For more information please contact Jessica Martens.

Contact info:

jemartens@earthlink.net

408-386-9049

