

**GENERAL RELEASE OF LIABILITY
FOR MAULI OLA FOUNDATION (MOF) and SURF EXPERIENCE DAY (SED)
and CONSENT OF AUDIO/VIDEO/PICTURE USE**

I, _____ (Name of CF Adult or Parents of Minor and/or on behalf of our minor child), would like to participate in the CF Surf Experience Day (SED) on the premises of _____ (beach) on _____ (date). Names of Minors (if applicable): _____

PARTICIPANT'S RELEASE and ASSUMPTION OF RISK

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 CF Surf Experience Day 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 CF SED with my physician, Dr. _____ on the following date: ____/____/2010. He/She advised me to do the following (if applicable): _____

I am aware that my attendance at the CF SED 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 many of those attending the CF SED harbor lung or respiratory infections which are moderately resistant to antibiotics. Required performance of a sputum culture within 6 weeks of the SED 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. Initial here: _____

Individuals who have cultured B. cepacia from their sputum are asked not to attend. Initial here: _____

Participants of CF SED 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. Participants are expected to stay at least 6 feet away from others with CF and to not share equipment with other participants. Initial here: _____

Because I expect other benefits from attending CF SED, 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 CF SED with knowledge of the risks involved. Initial here: _____

In order to allow Maui Ola Foundation (MOF) to permit me to attend the SED, I hereby agree to assume and accept any and all risks of injury or death including without limitation worsening of existing medical condition(s), infection with new medical conditions or even 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 or her and regarding the results of my sputum cultures during the past two years, by placing my initials here: _____. Name of Physician: _____

PARENTS' CONSENT:

In order to allow MOF to permit my/our minor child to attend the CF Surf Experience Day, 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 or accident, and verify this statement by signing hereinafter.

This is intended to be a full and complete release of Maui Ola Foundation, its officers, owners, employees and agents from any and all liability for any injury or death that may result from or occur during attendance of SED.

Executed this the _____ day of _____, 2010 in _____.

CONSENT OF AUDIO/VIDEO/PICTURE USE FOR MOF SEDs

I give permission to the MOF to use any audio/video/picture files and footage of myself and/or my child in any promotional or advertising pieces that the MOF creates without any compensation given to me or my child for said promotion and/or advertisement. My consent is authorized by my initials here: _____

Participant (please print name)

Participant Signature

Parent of Participant (please print name)

Parent of Participant Signature

Parent of Participant (please print name)

Parent of Participant Signature

