



**AGREEMENT AND GENERAL RELEASE OF LIABILITY  
FOR CROSS INFECTION AMONG CF PARTICIPANTS**

Each individual planning to attend the CF Surf Experience Day must read, initial in the appropriate place, and sign this release and send it in with the application. Parents of minors under 18 years of age who plan to attend the CF Surf Experience Day must also read, initial in the appropriate place, and sign the release on behalf of their children. CF Surf Experience Day participants between the age of 18 and 21 must have a parent or guardian sign AND must sign themselves.

**ASSUMPTION OF RISK**

I, \_\_\_\_\_, 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 CF Surf Experience Day, \_\_\_\_\_ on the premises of, Haleiwa  
Beach Park, Haleiwa, HI.

**PARTICIPANT'S RELEASE**

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 Surf Experience Day with my physician, Dr. \_\_\_\_\_ on the following date: \_\_\_\_/\_\_\_\_/2008. He/She advised me to do the following:

\_\_\_\_\_

I am aware that my attendance at the CF Surf Experience Day 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 Surf Experience Day harbor lung or respiratory infections which are moderately resistant to antibiotics. Required

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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 CF Surf Experience Day 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 CF Surf Experience Day 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 Surf Experience Day with knowledge of the risks involved.

In order to induce Mauli Ola Foundation (MOF) to permit me to attend the Conference, I hereby agree to assume and accept any and all risks of injury 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: \_\_\_\_\_

#### PARENTS' CONSENT :

In order to induce MOF to permit 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, and verify this statement by signing hereinafter

This is intended to be a full and complete release of Mauli 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  
\_\_\_\_\_ at the CF Surf Experience Day event.

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Dec, \_\_\_\_, 2008.

Executed this the \_\_\_\_ day of \_\_\_\_\_ month, 2008 at \_\_\_\_\_,  
city, state

\_\_\_\_\_  
Participant  
(please print name)

\_\_\_\_\_  
Parent of Participant  
(please print name)

\_\_\_\_\_  
Parent of Participant  
(please print name)