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

Each individual planning to attend the CFRI National Cystic Fibrosis Education Conference (“Conference”) and/or CFRI CF Summer Retreat (“Retreat”) must read, initial in the appropriate places, and sign this release and send it in with his/her registration. Only adults 18 years and older may attend the Conference or the Retreat.

Assumption of Risk

I, _____ (Adult with CF), acknowledge that I/we have voluntarily registered myself to participate in the CFRI National Cystic Fibrosis Education Conference, July 26 to July 28, 2019 on the premises of Pullman San Francisco Bay, Redwood City, California and/or the CFRI CF Summer Retreat, July 20 to July 26, 2019, 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 Education Conference and/or CFRI CF Summer 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*, *non-tuberculous mycobacterium* (NTM) or any pandrug resistant (PDR) bacteria (bacterial isolates non-susceptible to all agents in all antimicrobial categories) or extensively drug resistant (XDR) bacteria that remain susceptible to only one category of antimicrobials shortens life span and sometimes increases the failure rate with lung transplantation. The effects of other infections such as *Stenotrophomonas maltophilia* are not fully understood. I have discussed the risks and benefits of attending Conference or Retreat with my physician,

Dr. _____, on the following date: ____/____/2019.
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*, *Pseudomonas aeruginosa*, *Mycobacterium abscessus* (a species of *non-tuberculous mycobacterium* [NTM]) and organisms belonging to *Burkholderia cepacia* complex.

I understand that some individuals attending the Conference or 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



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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 and/or 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 declare that I have never cultured organisms belonging to *Burkholderia cepacia* complex, have not cultured Methicillin-Resistant *Staphylococcus aureus* (MRSA) within the past 12 months, have not cultured *Nontuberculous mycobacteria* (NTM) within the past 12 months, and do not currently culture positive for any pandrug resistant (PDR) bacteria (bacterial isolates non-susceptible to all agents in all antimicrobial categories) or extensively drug resistant (XDR) bacteria that remain susceptible to only one category of antimicrobials (does not apply to XDR isolates remaining susceptible to two or more categories of antimicrobials).

If I have had a lung transplant, I understand that a CFRI Medical Release Form must be approved by my physician and submitted to CFRI based on my most recent bronchoscopy, sputum culture or sinus swab. If I have an active cough or sinus infection, I need to talk with my physician about my risk of infection to others with CF and organ transplants AND I must submit a new sputum/sinus culture in order to attend. 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: _____.

Release

I understand that CFRI, Pullman 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, Pullman 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, Pullman 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 Education Conference and/or the CFRI CF Summer Retreat, and verify this statement by placing my initials 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, Pullman 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