



## LIFE'S SHORT LIVE IT LIVING DONOR GATHERING MEDICAL WAIVER

**MUST be completed by the Living Donor's Physician**

**This form must be returned by June 4 to participate in the LIFE'S SHORT LIVE IT LIVING DONOR GATHERING.**

**Submissions may be returned no sooner than February 18.**

**Living Donor's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Organ(s) Donated:** \_\_\_\_\_

**Date of Donation:** \_\_\_\_\_

The individual named above has indicated he/she wishes to participate in the LIFE'S SHORT LIVE IT LIVING DONOR GATHERING in honor of Craig Hostert.

☐ **A.** The living donor listed above and I have discussed their participation in the Life's Short Live It Living Donor Gathering for the most living donors in one place at one time EVER!.

**Date of Recipient's Last Physical:** \_\_\_\_\_

**Overall health issues, special needs, comments:**

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I have reviewed the above information and certify that all information is true and complete to the best of my knowledge. I have also examined the competitor named above and have concluded that he/she is a living donor who is eligible to participate in the LIFE'S SHORT LIVE IT LIVING DONOR GATHERING in honor of Craig Hostert.

**Signature of Physician:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Return form to: TRANSPLANT GAMES OF AMERICA**  
**c/o Transplant Life Foundation**  
**1593 Galbraith Ave. SE, Suite 201**  
**Grand Rapids, MI 49546**  
**Attention: Medical Committee**  
**Form(s) can be faxed to (616) 356-2522**