



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

**MUST be completed by the Living Donor or Solid Organ Recipient's Physician**

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

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

Living Donor/Recipient's Name \_\_\_\_\_

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

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

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

Organ(s) Transplanted: \_\_\_\_\_

Date of Transplant: \_\_\_\_\_

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

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

Date of Living Donor/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 individual named above and have concluded that he/she is a living donor/recipient who is eligible to participate in the LIFE'S SHORT LIVE IT LIVING DONOR & RECIPIENT 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**