

COMPETITOR MEDICAL PACKET

Competitor Conditions of Entry

The Transplant Games of America is a multi-sport, age group, national athletic competition open to recipients of life-supporting allografts (heart, intestine, kidney, liver, lung, and pancreas), cell transplants (bone marrow) from other individuals or species, corneal & tissue recipients, and living donors of kidney and liver organs.

Competitors must have been transplanted for at least **nine months**, with stable graft function, be **medically fit** and have trained at the events in which they have entered.

In order to compete in the 2020 Donate Life Transplant Games you must have received your transplant or made your donation prior to: October 16, 2020.

All competitors must be medically approved by their physician to compete.

Required Documents:

- Competitor Statement** (completed by competitor)
- Competitor Liability Waiver** (completed and signed by competitor)
- Competitor Physician's Medical Waiver** (completed and signed by competitor's physician)

Recommended Documents:

- List of Current Medications** - It is recommended that all competitors have a listing of their current medications with them at the Transplant Games of America

Completed forms must be **RECEIVED** by June 16, 2021 at 5:00 p.m. Eastern Time

Return all forms to: Transplant Games of America
c/o Transplant Life Foundation
1595 Galbraith Ave. SE
Suite 500
Grand Rapids, MI 49546
Attention: Medical Committee

Forms may be faxed to (888) 510-0090

INSTRUCTION: DO NOT RETURN THIS PAGE

COMPETITOR STATEMENT

I, _____ hereby certify that I take part in regular physical activity as follows:
 _____ times per week for a minimum of _____ minutes per exercise period. (We recommend a minimum
 of three (3) times per week for a minimum of 20 minutes per exercise period.)

I intend to participate in the following sports in New Jersey:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

Last name: _____ First Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Recipient: Organ(s) Transplanted: _____ Date of Last Transplant: _____

Living Donor: Organ(s) Donated: _____ Date of Donation: _____

Emergency Contact: _____ Relationship _____

Daytime Phone: _____ Cell Phone: _____

Confidentiality and Security of Personal Information

Personal information will not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal information will be retained only as long as necessary for the fulfillment of those purposes. In order to compete as an athlete in the Transplant Games of America, all conditions of entry must be met and you must be authorized by a physician to compete. As a reminder to recipients, your most recent transplant must be fully functioning for at least **NINE MONTHS**. This medical waiver must be completed by your physician in its entirety and signed no earlier than four **(4) months** prior to the start of the Games.

FORMS SIGNED AND RECEIVED PRIOR TO March 16, 2021 WILL BE REJECTED AND RETURNED.

A competitor is conditionally registered for the Games until his/her medical waiver has been accepted by the Medical Committee. At the discretion of the Transplant Games of America, an exemption may be granted to previously transplanted kidney recipients who are currently back on dialysis and who have received approval from their physician to participate in competition.

WAIVERS MUST BE RECEIVED BY THE TRANSPLANT GAMES OF AMERICA BY June 17, 2021 AT 5:00 P.M. EST

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Medical Guidelines for Transplant Athletes

COMPETITOR LIABILITY WAIVER

In consideration of being allowed to participate in any way in the Transplant Games of America athletic / sports program, related events and activities, I, _____, the undersigned acknowledge and agree that: Name of Participant

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assign, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Transplant Games of America, c/o Transplant Life Foundation, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____
PARTICIPANTS SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
PARENT / GUARDIAN'S SIGNATURE EMERGENCY PHONE #

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COMPETITOR PHYSICIAN'S MEDICAL WAIVER

Must be completed by the Competitor's Physician

Competitor Name _____ Date of Birth _____

Low Level Stress (1)

- Cornhole
- Darts
- Lyrics for Life
- Texas Hold'em Poker
- Trivia Challenge
- Walking (5K)

Medium Level Stress (2)

- Ballroom Dancing
- Bowling
- Golf
- Pickleball
- Table Tennis
- Volleyball
- Youth Olympiad

High Level Stress (3)

- Badminton
- Basketball
- Cycling
- Running (5K)
- Swimming
- Tennis
- Track & Field

The individual named above has indicated he/she wishes to compete in the 2020 Transplant Games of America. Please review each of the competitions to be offered at the Games and mark statement A, B, or C below:

A. NO RESTRICTIONS I have reviewed the proposed events for the 2020 Games and approve the above named individual's participation in any combination of events.

B. SOME RESTRICTIONS I have reviewed the proposed events for the 2020 Games and do not approve his/her participation in the following events:

C. COMPLETELY RESTRICTED I have reviewed the proposed events for the 2020 Games and do not approve his/her participation in any of the competitions listed.

Date of Recipient's Last Physical: _____

Overall health issues, special needs, comments:

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 fit to compete in the 2020 Transplant Games of America as indicated in statement **(circle one) A B C**

Signature of Physician: _____ Print Name: _____

Signature Date: _____ Phone Number: _____

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