

2008 NKF U.S. TRANSPLANT GAMES – Non-Athlete Registration Form

Please complete one form per registrant and mail to **The Housing Connection; 2008 U.S. Transplant Games; Temple, Suite 140; Salt Lake City, UT 84101-1406; 801-355-0250 FAX.** All attendees, except children 3 and under not competing in the Games, are required to complete a registration form-- donor families, living donors, transplant professionals, spectators, etc. Please type or print using blue or black ink. Faxed and mailed registrations are subject to a \$10 Processing Fee. Please visit our website at www.transplantgames.org where you can register online with no additional processing fees. **REGISTRATION DEADLINE: JUNE 5, 2008**

1. ATTENDEE TYPE (Select One)

I am attending the Games Primarily as a:

- Donor Family Living Donor Professional
 Non-Competing Transplant Recipient
 Family Member, Friend or other Spectator

Additional Attendee Type(s): (Mark all that apply)

- Donor Family Living Donor Professional

2. PERSONAL INFORMATION

Prefix	First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional Title/Credentials

Organization/Company

Mailing Address

City	State	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone (Day)	(Eve)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Fax	Email
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

Gender	Birth Date	T-Shirt Size
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Adult: <input type="checkbox"/> Child: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> 2X-Large
M/F	Month Day Year	

Team Name

3. GENERAL WAIVER

I, the undersigned, certify I am 18 years of age or older and that I am entering into this Agreement on behalf of myself or as the Parent of a participant or as authorized Legal Guardian for another minor that is under 18 years of age ("Ward") identified above.

In consideration of my or my child or Ward's participation in the NKF 2008 U.S. Transplant Games (the "Event") presented by National Kidney Foundation and sponsored by Novartis Pharmaceuticals, I agree on my behalf or on behalf of my child or Ward to assume the risks incidental to such participation (which risks may include, among other things, physical injury related or unrelated to their present health condition and/or related to all travel, lodging and non-participatory activities incidental to such Event) and, on my own behalf or on behalf of my child or Ward, and on behalf of my or my child or Ward's heirs, executors and administrators, release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my child or Ward's participation in such activity, and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, all attorney's fees and disbursements. For this Event, the released parties are the National Kidney Foundation, David L. Lawrence Convention Center, University of Pittsburgh, all Event sponsors, volunteers, officials, venues, and providers, their parent, related and affiliated companies, and the officers, directors, employees, agents, representatives, successors and assigns of each of the foregoing entities. I UNDERSTAND THAT THIS RELEASE AND INDEMNITY AGREEMENT INCLUDES ANY CLAIMS BASED ON THE NEGLIGENCE, ACTION OR INACTION OF ANY OF THE ABOVE RELEASED PARTIES AND COVERS BODILY INJURY (INCLUDING DEATH) AND PROPERTY LOSS OR DAMAGE, WHETHER SUFFERED BY ME OR MY CHILD OR WARD, BEFORE, DURING OR AFTER SUCH PARTICIPATION. I declare that I or my child or Ward am or is physically fit and have or has the skill level required to participate in this particular event and have based this representation on a physician's medical advice or my decision to knowingly proceed in the absence of such advice. I further authorize medical treatment for myself or my child or Ward, at my cost, if the need arises. If I or my child or Ward is an athlete, I understand and agree that my physician or his agent may provide personal health information (PHI) to the organizers of the NKF U.S. Transplant Games. I understand that this information will be kept confidential and will only be used to determine my or their eligibility to participate in the Games and to provide medical assistance to me or my child or Ward if necessary, and will not be shared with any person or organization except for the purposes as specified above. I understand that the name and logo(s) of the NKF U.S. Transplant Games are trademarks and the intellectual property of the National Kidney Foundation, Inc. and that any unauthorized use of the NKF U.S. Transplant Games name and logo(s) without written consent of the National Kidney Foundation, Inc. is prohibited and may be subject to civil and criminal penalties under the laws of the United States. I further understand that I agree not to otherwise grant commercial advertising rights connected with my or my child or Ward's participation in the Games. I further grant the National Kidney Foundation and all Event sponsors, their parents, related and affiliated companies, the right to photograph and/or videotape me or my child or Ward and further to use my or my child or Ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation, although I understand that there is no obligation to exercise said rights herein granted. This Agreement shall be governed by the laws of the State of Pennsylvania, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the United States District Court for the Western District of Pennsylvania or the state courts of Pennsylvania in and for the Third (Allegheny County, Pennsylvania) Judicial District. I have fully read and understand and agree to the above terms:

Signature of Registrant (or Parent or Legal Guardian of Ward)

Date

Name of Registrant _____

4. SPECIAL NEEDS AND EMERGENCY CONTACT INFORMATION

Name of person to contact (Not Traveling with You)	Relationship	Emergency Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

ADA Special Needs

5. TRANSPLANT INFORMATION

Type of Organ Received (Mark all that apply)	Donor Type (Mark all that apply)
<input type="checkbox"/> Bone Marrow <input type="checkbox"/> Heart <input type="checkbox"/> Heart/Lung <input type="checkbox"/> Intestine <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Double Lung <input type="checkbox"/> Pancreas <input type="checkbox"/> Pancreas/Kidney <input type="checkbox"/> Other, Please Specify: _____	<input type="checkbox"/> Deceased Donor <input type="checkbox"/> Living Donor
Date of (most recent) Transplant	Full Name Transplant Center
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Full Name Transplant Surgeon	Telephone Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

6. MARKETING PREFERENCES

For your convenience, you can sign up to receive news and information related to the U.S. Transplant Games, as well as promotions, surveys and other marketing communications from the National Kidney Foundation and its partners. Your responses below will allow you to designate from whom you receive information and how you receive it. (Note: You will still receive registration and housing acknowledgements and confirmations from The Housing Connection, despite your elections below.)

* Please send communications from the National Kidney Foundation:

<input type="checkbox"/> to my email and/or postal address	<input type="checkbox"/> to my email address only
<input type="checkbox"/> to my postal address only	

* Please send communications directly from selected National Kidney Foundation partners:

<input type="checkbox"/> to my email and/or postal address	<input type="checkbox"/> to my email address only
<input type="checkbox"/> to my postal address only	<input type="checkbox"/> None

7. REGISTRATION PAYMENT INFORMATION

Registration fees are non-refundable and non-transferable. REGISTRATION DEADLINE: June 5, 2008

General Non-Athlete Registration Fees:

(Includes a \$10 Processing Fee for Faxed or Mailed Registrations)

Early Bird - \$40 (thru March 15th) **Standard - \$45** (March 16th – April 30th) **Late - \$50** (May 1st – June 5th) **On-Site - \$55** (July 11th – July 12th)

1. Payment by Check: All checks must be made **payable to NKF/The Housing Connection**. Returned checks will be subject to a \$25 fee.
2. Payment by Credit Card: American Express, MasterCard, VISA, Discover, and Diner's Club will be accepted.

Check Number	Credit Card Number	Expiration Date
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/>

Customer Card ID Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The Customer Card ID Number (CID or CVV2) is a three or four digit number that is unique to each card. This number is printed on the back of Visa and MasterCard cards and is embossed on the front of American Express Cards.

By signing below, I agree to pay the total of all selections above according to the card issuer's agreement. Should I cancel my registration, I also agree to pay any cancellation or change fee I incur in accordance with the cancellation policy above.

Amount Enclosed

\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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Signature of Cardholder (Required for All Payments By Credit Card)

Name of Registrant _____

8. GIVING, GRIEVING, GROWING PROGRAM REGISTRATION INFORMATION

Please check one (1) activity for each time slot.

**Sunday, July 13th – Evening Sessions
6:30 PM - 9:00 PM**

DONOR FAMILY EVENING WORKSHOPS Select one per time slot.
6:30 PM-9:00 PM
Donor Family Program <input type="checkbox"/> The Power of One <input type="checkbox"/> What To Do With Our Memories <input type="checkbox"/> Making a Quilt Square

LIVING DONOR EVENING WORKSHOPS Select one per time slot.
Workshops 6:30 PM - 9:00 PM
Living Donor Program <input type="checkbox"/> The Power of One <input type="checkbox"/> Life After Donation: Expectation & Reality <input type="checkbox"/> Creative Art Workshop

**Monday, July 14th – Morning Sessions
8:00 AM -12:30 PM**

DONOR FAMILY MORNING WORKSHOPS Select one per time slot.
9:00 AM - 9:30 AM
Donor Family Program <input type="checkbox"/> Finding Good Along the Grief Journey
9:45 AM – 11:00 AM
Donor Family Program <input type="checkbox"/> What To Do With Our Memories <input type="checkbox"/> Understanding Brain Death and Donation <input type="checkbox"/> Movement for Mind, Body and Spirit <input type="checkbox"/> The Power of 'People Like Us' <input type="checkbox"/> Grief, Loss and Spirituality <input type="checkbox"/> Writing Your Way Through Grief and Loss <input type="checkbox"/> Making a Quilt Square (9:45 AM – 12:30 PM)
11:15 AM – 12:30 PM
Donor Family Program <input type="checkbox"/> Grief, My Way <input type="checkbox"/> Laughter Lightens Your Heart <input type="checkbox"/> Understanding Tissue Donation <input type="checkbox"/> Coping With Loss For Teens <input type="checkbox"/> Sharing Groups

LIVING DONOR MORNING WORKSHOPS Select one per time slot.
8:00 AM - 9:30 AM
Living Donor Program <input type="checkbox"/> Hot Topics in Living Donation <input type="checkbox"/> The Journey Through Donation
9:30 AM - 11:00 AM
Living Donor Program <input type="checkbox"/> The Power of 'People Like Us' <input type="checkbox"/> Turning Points <input type="checkbox"/> After Donation, Now What?
11:15 AM - 12:30 PM
Living Donor Program <input type="checkbox"/> Sharing Groups

9. GENERAL EVENTS – Open To ALL Games Attendees

Please indicate if you will be attending any of the events listed below.

SUNDAY, JULY 13TH

YES NO

- Donor Recognition Ceremony 2:00 PM – 4:00 PM
- Coffee House 8:00 PM – 11:00 PM
- Social Lounge 8:00 PM – 11:00 PM

MONDAY, JULY 14TH

YES NO

- Living Donor Recognition Event 3:00 PM – 4:30 PM
 - Quilt Pinning Ceremony 8:00 PM – 11:00 PM
- If yes, please indicate if you will be bringing a quilt square:*
 Yes No

Name of Registrant _____

10. SURVEY (Optional)

To help us learn more about you and to serve you better, please complete the following survey. Any and all of the questions are optional, however your feedback assists us in gathering attendee demographic information to gain more sponsor support for the Games and its participants.

Please select year(s) that you have previously attended the Games:

- First Time Attendee 2006 2004 2002 2000 1998 1996 1994 1992 1990

How are you planning to travel to Pittsburgh?

- By plane By car By train By bus Other: _____

Will this be your first time visiting Pittsburgh, Pennsylvania?

- Yes, and I have always wanted to visit. No, and I am excited to return.
 Yes, and I am going because of the Games. No, and I am returning because of the Games

In which products and services are you most interested in for maintaining a healthy lifestyle?

- Physical Fitness Diet and Nutrition Recreation Medications And Supplements Physical Appearance Health Education
 Insurance Employment Mental Health Pregnancy Family/Relationships

What medications and/or supplements do you currently take? [Check all that apply]

- | | |
|---|---|
| <input type="checkbox"/> Multivitamin | <input type="checkbox"/> Nutritional Supplement Drinks |
| <input type="checkbox"/> Other vitamins/mineral supplements | <input type="checkbox"/> Statins (Cholesterol lowering) |
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Antihypertensives (Blood pressure controlling) |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Diuretics (Urine inducing) |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Antacids | |

If you have had an organ transplant, what immunosuppressive medication(s) are currently taking?

- Neoral/Sandimmune (cyclosporine) Prograf (tacrolimus) Rapamune (sirolimus) CellCept (mycophenolate mofetil)
 Zenapax (daclizumab) Gengraf (cyclosporine) Imuran (azathioprine) Other: _____

What is your race/ethnicity? (Mark all that apply)

- American Indian and Alaska Native Asian Black or African-American Native Hawaiian and Other Pacific Islander
 White or Caucasian Hispanic or Latino Some other race/ethnicity, please specify _____

What is the highest level of education you have completed? Elementary School High School Technical School

- Some College-no degree College Degree Masters or Ph.D. Medical Doctor Other: _____

Which of the following best describes your occupation? Senior management Other management Professional Technical

- Sales Education Homemaker/full-time parent Student Retired Not employed Other _____

What is your total household income? Under \$25,000 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$149,999 \$150,000+

What is your current marital status? Single-never married Single-previously married Married Widowed

11. DONOR TRIBUTES (Optional)

Donor Families and family members/friends of Living Donors are invited to submit a written tribute to their loved ones who gave the gift of life. Tributes will be published in the 2008 NKF U.S. Transplant Games Souvenir Program. Tributes must be 300 characters or less. Tributes exceeding the limit will be edited.

Note that only one tribute can be submitted per donor. Please work with other family members and/or friends attending the Games to write one tribute for your loved one. If your family has already submitted a tribute, or you would like to submit a tribute later, please click "Continue" at the bottom of this page to skip this section. All tributes must be received by June 5, 2008.

Select One:

- I am a Donor Family member, writing a tribute for a loved one who donated organs or tissues at the time of death.
- I am a family member/friend of a Living Donor, writing a tribute to a Living Donor who will be attending the Games.
- Other. I would like to submit a tribute, but don't fit into either of the categories above. (If so, please do not complete this form. Please visit our website at www.transplantgames.org to write an online tribute.)

This tribute is for a:

- Deceased Donor
- Living Donor
Select the organ(s) given: Kidney Part of Liver Part of Lung Pancreas or Islet Cell Bone Marrow/Blood Stem Cells

I am the donor's:

- | | | | |
|----------------------------------|-----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Husband | <input type="checkbox"/> Uncle | <input type="checkbox"/> I am the recipient |
| <input type="checkbox"/> Father | <input type="checkbox"/> Wife | <input type="checkbox"/> Aunt | <input type="checkbox"/> I am the living donor |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Daughter | <input type="checkbox"/> Cousin | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Son | <input type="checkbox"/> Friend | |

Donor's Date of Birth

Month	Day	Year					

Donor's Date of Death (if applicable)

Month	Day	Year					

THE FOLLOWING INFORMATION WILL BE PRINTED IN THE 2008 NKF U.S. TRANSPLANT GAMES SOUVENIR PROGRAM. PLEASE WRITE THE INFORMATION EXACTLY AS YOU'D LIKE IT TO APPEAR IN THE PROGRAM:

Donor First Name	Middle	Donor Last Name	Suffix

Family (names of any family/friends who wish to be listed with this tribute – including yourself. For example, "The Hall Family" or "Mom, Dad and Kelly"):

Tribute (300 characters max): _____

Please contact Registration and Housing Headquarters if you have any questions regarding registration or housing: phone (866) TX-GAMES or e-mail transplantgames@saltlake.org. Business hours are 8 AM to 6 PM, Mountain Standard Time. The Housing Connection; 90 South West Temple; Salt Lake City, UT 84101-1406; Attn: 2008 U. S. Transplant Games; 801-355-0250 FAX.