



Medical Guidelines for Transplant Athletes

## 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 2024 Transplant Games, you must have received your transplant or made your donation on/prior to: October 5, 2023.**

**PLEASE NOTE THAT MEDICAL WAIVERS SIGNED PRIOR TO MARCH 5, 2024, ARE NOT VALID. PHYSICIAN'S APPROVAL TO COMPETE MUST BE SIGNED NO EARLIER THAN FOUR MONTHS PRIOR TO THE START OF THE TRANSPLANT GAMES.**

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

**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 (616) 356-2522**

**INSTRUCTION: DO NOT RETURN THIS PAGE**

Revised 10/23/2023



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# COMPETITOR STATEMENT Page 1 of 3

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 (Only four individual sports plus the 5k – basketball and volleyball do not count the individual sport limit):**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

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**.

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.

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**c/o Transplant Life Foundation**

**1595 Galbraith Ave. SE, Suite 500**

**Grand Rapids, MI 49546**

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# COMPETITOR LIABILITY WAIVER Page 2 of 3

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:

- 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 **Page 3 of 3**

**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 2024 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 2024 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 2024 Games and do not approve his/her participation in the following events:

\_\_\_\_\_

**C. COMPLETELY RESTRICTED** I have reviewed the proposed events for the 2024 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 2024 Transplant Games of America as indicated in statement **(circle one) A B C**

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

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

Return **all three** forms to: **TRANSPLANT GAMES OF AMERICA**