



WHAT:

McDonald's Kids Clinic

FREE! Conducted by Trail Blazers personnel

WHO:

Boys & Girls ages 8-13 of all ability levels

WHEN:

Saturday, August 1 – 1:30-2:30p or 2:30-3:30p
Sunday, August 20 – 11:00a-12:00 or 12:00-1:00p



WHERE:

Rose Quarter

Trail Blazers Street Jam – adidas Center Court – in front of Memorial Coliseum
Outdoor on the floor the 1977 Trail Blazers used during the Championship Season!

HOW:

To sign-up & reserve your spot contact us!

Email – streetjam@soor.org

Call – 877.266.5808

Fax – 503.248.0603



Please mark the Clinic you wish to attend:

- SATURDAY – 1:30 - 2:30p
- SATURDAY – 2:30 - 3:30p

- SUNDAY – 11:00a - 12:00p
- SUNDAY – 12:00 - 1:00p

MUST BE SIGNED for participation in the McDonald's Kids Clinic

PLEASE READ THIS CAREFULLY

By signing this legal document, you are giving up any legal rights you may have to sue Special Olympics Oregon, the Portland Trail Blazers, McDonald's, Davis Elen Advertising & PR or any other sponsor involved in the Trail Blazers Street Jam in court for money damages.

RELEASE AND WAIVER

Name of Event: McDonald's Kids Clinic at the Rose Quarter

Date(s) of Event: Saturday, August 1 and Sunday, August 2, 2009

I _____ ("Participant") desire to participate in the *McDonald's Kids Clinic* (the "Event"), conducted by The Portland Trail Blazers, McDonald's and agents and hosted at the Rose Quarter in Portland, Oregon. In exchange for participating in the Event, I agree for myself and my heirs, estate, insurers and assigns to fully release the above mentioned hosts from any damages, injuries (including death), lawsuits, expenses (including attorney fees) and any other liability, of or to me or any other person, in connection with my participation in the Event and grant Special Olympics Oregon and Mc Donald's the worldwide right in perpetuity, without compensation, to use my image or likeness for any purpose.

I HAVE READ THIS RELEASE CAREFULLY, FULLY UNDERSTAND IT and VOLUNTARILY AGREE TO ITS TERMS

Name of Participant: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth/Age: _____ Parent/Guardian Signature: _____

