

KIA MOTORS PRESENTS

PORTLAND TRAIL BLAZERS

MAKE IT BETTER

Coming to a town near you!

Summer



Tour '08



KIA MOTORS

The Power to Surprise™

make it better
PORTLAND TRAIL BLAZERS

Supported by:



TURN IN COMPLETED FORM TO CLINIC

APPLICATION

Participant's Name: _____ Birth date (mm/dd/year): _____ Grade: _____

Parent/Guardian's Address: _____

City: _____ State: _____ Zip: _____ Age (at the time of Clinics): _____

Phone (Day): _____ Phone (Eve): _____

Parent/Guardian's E-Mail: _____

Clinic Date and Location: _____ T-shirt size (Adult size check one): S ___ M ___ L ___ XL ___

CONSENT FOR MEDICAL CARE AND TREATMENT

I, _____ (parent or legal guardian's name, referred to herein as "Legal Guardian"), authorize all medical, surgical, diagnostic and hospital procedures as may be performed or presented by a physician for

_____ (referred to herein as "Participant") if I cannot bereached in case of emergency.

(Date) (signature of parent or legal guardian)

PARTICIPANT'S MEDICAL INFORMATION

Last Tetanus immunization: _____ Participant's Physician: _____

Allergies: _____ Medical Insurance Carrier: _____

Chronic Condition (e.g. Asthma): _____ Policy Number: _____

Regular Medication: _____

MINOR WAIVER & RELEASE OF LIABILITY

In consideration of the opportunity to participate in a Trail Blazers Make It Better Summer Tour between the months of July 2008 - August 2008, ("Event"), the undersigned agrees as follows:

1. I am the Parent or Legal Guardian of _____, who is under the age of 18 years and who wishes to participate in or observe the Event ("participant").
2. I hereby release, waive and discharge Trail Blazers Inc. ("TBI"), Portland Arena Management LLC, AEG, the National Basketball Association and its Member Teams and each of their respective affiliate companies, parents, subsidiaries, officers, directors, agents and employees (collectively "Releasees"), from all liability to participant, to me and to my and participant's conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death, or damaged property, arising out of participant's attendance at and participation in the Event.
3. I hereby release, waive and discharge Releasees from all liability to participant, to me and to my and participant's conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death, or damaged property, arising out of any negligence relating in any way to the Event.
4. I also hereby agree to indemnify Releasees and hold each and all of them harmless from any claim or demand on account of injury or damage that participant or I may suffer as a result of participation in the Event.
5. I understand that this release, waiver and agreement to indemnify and hold harmless includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part by the negligence of Releasees.
6. I understand that participating in the Event is done on a purely voluntary basis. I understand that basketball activities can, in some cases, cause injuries, including potentially severe injuries, and severe social and economic losses. I am familiar with the potential risks involved in basketball activities, and I assume all such risk.
7. I acknowledge that I have the opportunity to inspect the equipment, facilities, and either have done so or will do so, and I hereby waive any claim participant or I may have with respect to the use, design or operation of the equipment or facilities involved in the Event and/or that participant may use.
8. The numbered paragraphs of this Release and Waiver of Liability are severable.
9. I have read the above agreement and release of waiver and liability and understand that by signing it I have given up substantial rights. I sign this agreement voluntarily.
10. For good and valuable consideration, receipt of which is hereby acknowledged, I hereby grant full permission to the Releasees to publish, disseminate and use my name, image, likeness, voice, photograph and / or other attribute ("Likeness") in any medium, whether known or unknown (including, but not limited to, still photograph, video, audio and on the Internet) (collectively "Medium") for any purpose without any additional authorization from or inspection by me or any obligation to compensate me.
11. I agree to all the terms of this Agreement and confirm that all the facts in this document are true.

Name of Participant (please print)

Signature of Parent or Gardian

Name of Parent or Gardian (please print)

Date