

# Kids Making Miracles Candlelight Celebration!

**Friday, May 10th, 2019**

Registration & Activities | 5:30 p.m.

Candlelight Ceremony | 7:30 p.m.

Candlelight Procession | 8:15 p.m.



*If your school has been making miracles for Doernbecher this year, this celebration is for you! The annual Candlelight Celebration is a very special event where students from all over Oregon and SW Washington come together to celebrate their efforts for OHSU Doernbecher Children's Hospital.*

**For more information, please contact:**

Julie Robertson

503-552-0730

[robjulie@ohsu.edu](mailto:robjulie@ohsu.edu)

## **Kids Making Miracles Candlelight Celebration**

The annual Candlelight Celebration is a special event where students from all over Oregon and southwest Washington come together to celebrate their efforts for OHSU Doernbecher Children's Hospital.

The Candlelight Celebration will begin at the OHSU Auditorium on the OHSU campus and end at the Eternal Flame in front of OHSU Doernbecher Children's Hospital.

**Who:** Each Kids Making Miracles school may send students to participate in the Candlelight Celebration. We ask that schools bring no more than 30 students.

**When:** Friday, May 10, 2019

**Where:** Registration for the Candlelight Celebration will begin at 5:30 p.m. at the OHSU Auditorium, SW Sam Jackson Park Rd., OHSU Campus, Portland. The Candlelight Ceremony will begin at 7:30 p.m. and Procession at 8:15 p.m. The event will conclude at 9:00 p.m.

**Chaperones:** If chaperones are required by your school to attend the Celebration, we ask that they volunteer during the event (oversee activities and assist with crowd control) or make other arrangements for the evening. We expect more than 400 students to attend and ask that chaperones refrain from participating in the activities. Food will be provided for volunteers, chaperones and all students who attend.

**Parents:** If a parent is interested in volunteering at the Celebration please have them contact Julie Robertson at 503-552-0730 or [robjulie@ohsu.edu](mailto:robjulie@ohsu.edu). **Parents and family members are welcome to attend the Candlelight Ceremony and Procession as guests.**

**Transportation:** Your school is responsible for arranging and providing transportation for students and chaperones to the Candlelight Celebration. We will provide parking for school busses at the hospital.

**Clothing:** It may rain during the Candlelight Celebration so please ask your students to dress appropriately based on the weather. It will be dark and most likely cool, so have them bring coats.

**REGISTRATION DEADLINE: FRIDAY, MAY 3, 2019**

PLEASE MAKE COPIES OF THE ENCLOSED PERMISSION AND RELEASE FORM  
FOR ALL STUDENTS.

**THE CANDLELIGHT CELEBRATION WILL BE HELD AT:**  
OHSU Auditorium (SW Sam Jackson Park Rd) and  
OHSU Doernbecher Children's Hospital (SW Campus Dr)

### **Directions from South**

- Travel north on I-5. Take exit 297 (Terwilliger Boulevard).
- Turn left at stop light onto S.W. Terwilliger Boulevard.
- Turn right onto SW Barbur Boulevard and continue for approximately 2.5 miles.
- At the second light past the YMCA, make a sharp left turn onto SW Caruthers
- Turn left onto SW 6th Avenue.
- Follow the signs leading to the Kids Making Miracles Candlelight Celebration!

### **Directions from North**

- Travel south on I-5 toward Salem. As you cross the Marquam Bridge, merge into one of the two left lanes, following signs to City Center/Beaverton.
- Take exit 1C (SW 6th Avenue).
- Immediately move to the left lane and turn left onto SW College Street (or the next possible street that allows a left turn.)
- Turn left onto SW Broadway and move to the right lane.
- Bear right onto SW 6th Avenue, following the signs to OHSU.
- Follow the signs leading to the Kids Making Miracles Candlelight Celebration!

**For further instructions, call Julie Robertson at 503-552-0730 or [robjulie@ohsu.edu](mailto:robjulie@ohsu.edu)**

## Candlelight Celebration School Registration Form

School Name: \_\_\_\_\_

Advisor Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of students attending Candlelight Celebration: \_\_\_\_\_

Number of chaperones attending: \_\_\_\_\_

How will you be traveling to the event?      BUS      VAN      OTHER

Are chaperones willing to volunteer?      YES      NO \*\*

Chaperones willing to volunteer at the Celebration:

*(We highly encourage chaperones to volunteer. These chaperones will be assigned to specific volunteer posts throughout the evening.)*

Name/E-mail Address: \_\_\_\_\_

Name/E-mail Address: \_\_\_\_\_

Name/E-mail Address: \_\_\_\_\_

Name/E-mail Address: \_\_\_\_\_

Name/E-mail Address: \_\_\_\_\_

**Please return completed registration form to:**

**Doernbecher Foundation  
Attn: Kids Making Miracles  
1121 SW Salmon #100  
Portland, OR 97205  
Fax: 503-294-7058  
robjulie@ohsu.edu**

**DEADLINE IS FRIDAY, MAY 3, 2019**

**Thank you! We look forward to seeing you at the Candlelight Celebration!**

*\*\* Please be advised that your school is responsible for the screening process of the chaperones attending & volunteering from your school. The Doernbecher Foundation will not perform volunteer screening or background checks on these chaperones.*

# ATTENTION ADVISORS:

Please make copies of the permission slip for each attendee.

Students without permission slips will NOT be allowed to participate in the Celebration.

An electronic copy of the permission slip and additional event details can be found at [kmm.doernbecherfoundation.org](http://kmm.doernbecherfoundation.org).

**DO NOT SEND PERMISSION SLIPS IN  
AHEAD OF TIME.**

Please send in your registration form (**due: May 3**) and bring permission slips directly to the event.

Thank you!



The Doernbecher Candlelight Celebration is sponsored by the Doernbecher Children's Hospital Foundation (the "Doernbecher Foundation"). The Candlelight Celebration is a fun way to celebrate and reward the efforts of students from across Oregon and Southwest Washington who have worked hard to help the children at Doernbecher Children's Hospital. This year the Candlelight Celebration will be held on **May 10, 2019**.

The Candlelight Celebration will be chaperoned by volunteers, school advisors, Oregon Health and Science University Foundation staff, volunteers, and the adult members of the Kids Making Miracles committee. **Each student is required to fill out the following information completely in order to participate in the Candlelight Celebration.**

Student Name \_\_\_\_\_

School \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

#### **RELEASE AND LIMITATION OF LIABILITY**

I, the undersigned, agree to assume ALL of the risks, whether foreseen or unforeseen, associated with my participation and my student's participation in all activities related to the Doernbecher Candlelight Celebration.

I agree, for myself, my student, and our successors and assigns, to defend, hold harmless, release and forever discharge DOERNBECHER FOUNDATION, OHSU FOUNDATION, OHSU and their directors, officers, employees, volunteers, agents, contractors, insurers, successors and assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any accident, illness, personal injury, death or other consequences that may result from my participation or my student's participation in the Doernbecher Candlelight Celebration.

I understand that my student must follow all rules of conduct for the Doernbecher Candlelight Celebration. I understand that failure to do so may result in suspension from participation in future DOERNBECHER FOUNDATION activities.

I HAVE READ THIS RELEASE AND I UNDERSTAND IT FULLY. I UNDERSTAND IT IS VOLUNTARY, A PREREQUISITE FOR PARTICIPATION AND LEGALLY BINDING ON ME AND MY STUDENT. I UNDERSTAND THAT, AMONG OTHER THINGS, I (PERSONALLY AND ON BEHALF OF MY STUDENT) AM GIVING UP RIGHTS TO SUE DOERNBECHER FOUNDATION, OHSU FOUNDATION, AND OHSU FOR INJURIES, DAMAGES OR LOSSES THAT I OR MY STUDENT MAY INCUR. I UNDERSTAND THAT DOERNBECHER FOUNDATION IS NOT A GUARANTOR OF MY STUDENT'S SAFETY.

In the event that a representative of the Doernbecher Foundation, OHSU Foundation or OHSU determines urgent medical attention is necessary for my student listed above and I cannot be immediately reached by phone, I give permission to all Doernbecher Foundation, OHSU Foundation and OHSU authorized representatives to obtain medical attention from any appropriate health care provider for my student. I agree that Doernbecher Foundation, OHSU Foundation, OHSU and their authorized representatives shall not have any liability for taking such action. I understand and agree that I will be financially responsible for the cost of any medical treatment.

In addition, I authorize Doernbecher Foundation, OHSU Foundation, OHSU and its related entities and their respective officers, directors, employees, agents and contractors acting on its behalf, to use the image and likeness of the student listed above, without compensation, in any form of media, including photograph, voice audio, or electronic or video image, and to offer those images or recordings for use or distribution by the Doernbecher Foundation without notifying me. I authorize Doernbecher Foundation to use my student's name in connection with the images and recordings and to use, copy, reproduce, exhibit or distribute in any medium (e.g. print publications or electronic media) those images and recordings. I understand that Doernbecher Foundation is not required to use any image or recording and may discontinue using such images or recordings at any time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT A SIGNED PERMISSION FORM.

**ATTN: PARENTS AND CHAPERONES PICK UP TIME IS 9:00 P.M.**

**STUDENTS WILL NOT BE ALLOWED TO LEAVE WITHOUT PRIOR NOTICE FROM A PARENT/GUARDIAN. TO ARRANGE EARLY DEPARTURE, PLEASE CALL JULIE ROBERTSON AT 503-552-0730 OR E-MAIL [ROBJULIE@OHSU.EDU](mailto:ROBJULIE@OHSU.EDU) BY MAY 3. IF A STUDENT REQUESTS TO LEAVE EARLY WITHOUT PRIOR NOTICE, IT WILL BE NECESSARY FOR STAFF TO CALL PARENTS OR GUARDIAN.**