

### 2023 TEAM IN-PERSON-VIRTUAL March 4 Marrow 5K Run & Walk CA

# YOUTH or STUDENT RATE Individual Registration

BIB#\_\_\_\_

Name:							
Email:							
Daytime Phone: _							
Address:			City:		State:	Zip:	
Birthdate:	Age o	on Race Day	Sex: M	F	T-Shirt S	ize:	
School or Organizatio	n Team Name:						
Walking/Running in	Honor of	Memory of:					
poccur during my participal nation participating in the Endplastic Anemia MDS In Rogether with their officency, damage and any agency of the sponsors or concluding but not limite the control of the sponsor and Waiver of Liability gives, and shall be gover a HAVE READ THIS RELEAS, HIS/HER PARENT OF WARD AND AND AND AND AND AND AND AND AND AN	vent and elect to nternational Four ers, directors, should all claims or cotherwise in conners and other med to: fire, disaste sors, there shall lagreement shall ened by the laws of the four ers and walve as a guardian modern and by the laws of the four ers and walve as a guardian modern and by the laws of the four ers and walve as a guardian modern and the four ers are and the four ers and the four ers are and the four ers and the four ers are and the four ers and the four ers are and the four ers are and the	o voluntarily participated and ation, Inc. the spons are holders, successors demands on account or nection with my participatia without compensation, flood, acts of God or one no refund of the enbind the members of of the State of California are of LIABILITY AGREE JST SIGN THIS RELEASE EVENT.	e. I fully realize, was cors, and all other and assigns (collect fany injury or dampation in the Event tion. In the event or the elements (incury fee or any other my family and spota.  EMENT AND VOLUME AND WAIVER AGE	aive, hold he persons and tively "spon nage, wheth I agree to the Event is luding rain er costs. It is buse, my he extended to the Event is luding rain for the Event is luding rain for the Event is luding the extended to the Event is luding the extended to the event is luding to	armless and cod entities associately from all er caused by the use of my delayed or call and hail), or are my express in irs, assigns and the control of the	ovenant not to ciated with thi liability, for an he negligence name and pho ncelled for any ny other cause ntent that this d personal rep CIPANT IS UNI s or her son/da	o sue the is event of all or otograph reason e beyond Release resenta-
Name:					te:		
Student TEAM D \$15.00	iscount (6-1	3 yrs) 5K: \$12.	00 (14-21 yrs)	\$15.0	)U; 1-2-MIL	E WALK, AI	_L
Contribution Optic	on (circle one	): \$15   \$20  Not r	necessary unles	ss studen	ıt's parent v	vants to do	nate.
TOTAL AMOUNT:	\$	_ Cash Ch	eck #	Ma	asterCard	VISA	
Credit Card #					Exp Date: _	/	_
Name as it appear							_
Are you related to	anyone with	bone marrow fail	ure disease or	a rare di	sease?		

**MESSAGE FROM MIA HAMM, MEMBER, US WOMEN'S NATL SOCCER TEAM, 1987-2004:** "Thanks for running or walking with my Mom. I know how I felt when I lost by brother Garrett —my hero. I am a Mother now and would not want to lose any of my children."



## 2023 IN-PERSON & VIRTUAL March for Marrow LA 5K Run & Walk

### **ADULT TEAM FORM**

SATURDAY, APRIL 29, 2023 – Anywhere in the World

www.marchformarrow.org; Questions??? march4marrowla@gmail.com

5K ADULT RUNNING or WALKING Teams - Sponsorships for Student-Runners Available - Phone 512-589-3735

SCHOOL:	COACH:			
WORK PHONE:	CELL PHONE:			
FAX:	EMAIL:			
NO. of ADULTS RUNNING:	NO. of ADULTS WALKING:			
Questions: Call 512-589-3735 or Email march4marrowla@gmail.com				
Team of 5 Adult Runners (\$30)\$150.00	Team of 5 Adult Walkers (\$30)\$150.00			
Team of 10 Adult Runners (\$15)\$300.00	Team of 10 Adult Walkers (\$10)\$300.00			

#### \*T-SHIRT Youth Adult - S M L XL XXL XXXL

Walk or Run	Name	Age on Race Day	Gender M/F	Cell Phone	Email	*T-Shirt Size	**Student or Parent Signature (Read Waiver Below)

MAKE CHECKS PAYABLE TO: Aplastic Anemia MDS International Foundation, Inc. 4330 East-West Hwy, S. 230, Bethesda, MD 20814 Must be postmarked by Friday, April 7, 2023 in order to ensure t-shirts etc. FAX: 512-233-5153

Phone Stephanie Dillon Hamm at 512-501-5029 or march4marrowla@gmail.com.

#### \*\*WAIVER

In consideration of the acceptance of this registration entry, I assume complete responsibility for any injury or accident which may occur during my participation in this race or while on the premises of this event. I am fully aware of the risks and hazards inherent in participating in the Event and elect to voluntarily participate. I fully realize, waive, hold harmless and covenant not to sue the Aplastic Anemia MDS International Foundation, Inc. the sponsors, and all other persons and entities associated with this event, together with their officers, directors, shareholders, successors and assigns (collectively "sponsors") from all liability, for any and all loss, damage and any and all claims or demands on account of any injury or damage, whether caused by the negligence of all or any of the sponsors or otherwise in connection with my participation in the Event. I agree to the use of my name and photograph in broadcasts, newspapers and other media without compensation. In the event the Event is delayed or cancelled for any reason, including but not limited to: fire, disaster, flood, acts of God or the elements (including rain and hail), or any other cause beyond the control of the sponsors, there shall be no refund of the entry fee or any other costs. It is my express intent that this Release and Waiver of Liability Agreement shall bind the members of my family and spouse, my heirs, assigns and personal representatives, and shall be governed by the laws of the State of California.

□ AS TEAM CAPTAIN, I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT AND VOLUNTARILY SIGN IT. IF PARTICIPANT IS BETWEEN THE AGE OF 6 AND 21 SEE REDUCED RATES FOR THEM AS RUNNERS OR WALKERS. FOR YOUTH UNDER 18 THEIR PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT to certify that his or her son/daughter/ward has permission to participate in the Event.



### 2023 IN-PERSON & VIRTUAL March for Marrow LA 5K Run & Walk

#### **ADULT TEAM REGISTRATION**

SATURDAY, APRIL 29. 2023 – Anywhere in the World

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PAGE 2, 3, 4 - 5K ADULT Running or Walking Team - Student Rates Apply – Page 2

\*T-SHIRT Youth Adult - S M L XL XXL XXXL

Walk or	Name	Age on	Gender	Cell Phone	Email	*T-Shirt	**Student or Parent Signature
Run		Race Day	M/F			Size	(Read Waiver Below)

#### \*\*WAIVER

In consideration of the acceptance of this registration entry, I assume complete responsibility for any injury or accident which may occur during my participation in this race or while on the premises of this event. I am fully aware of the risks and hazards inherent in participating in the Event and elect to voluntarily participate. I fully realize, waive, hold harmless and covenant not to sue the Aplastic Anemia MDS International Foundation, Inc. the sponsors, and all other persons and entities associated with this event, together with their officers, directors, shareholders, successors and assigns (collectively "sponsors") from all liability, for any and all loss, damage and any and all claims or demands on account of any injury or damage, whether caused by the negligence of all or any of the sponsors or otherwise in connection with my participation in the Event. I agree to the use of my name and photograph in broadcasts, newspapers and other media without compensation. In the event the Event is delayed or cancelled for any reason, including but not limited to: fire, disaster, flood, acts of God or the elements (including rain and hail), or any other cause beyond the control of the sponsors, there shall be no refund of the entry fee or any other costs. It is my express intent that this Release and Waiver of Liability Agreement shall bind the members of my family and spouse, my heirs, assigns and personal representatives, and shall be governed by the laws of the State of California.

□ AS TEAM CAPTAIN, I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT AND VOLUNTARILY SIGN IT. IF PARTICIPANT IS UNDER AGE 18, HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT to certify that his or her son/daughter/ward has permission to participate in the Event.