

What disease?

# 2024 TEAM IN-PERSON-VIRTUAL March 4 Marrow 5K Run & Walk CA INDIVIDUAL ADULT RATE BIB #\_\_\_\_\_\_

Name:						
						<del></del>
Address:			City:		State:	Zip:
Birthdate:	Age	on Race Day	Sex: M	F	T-Shirt S	ize:
School or Organizatio	n Team Name:					
Walking/Running in	Honor of	Memory of:				
in participating in the Evaplastic Anemia MDS Intogether with their officions, damage and any around of the sponsors or on broadcasts, newspaper including but not limited the control of the sponsor and Waiver of Liability at tives, and shall be gover I HAVE READ THIS RELECTION WARD THIS PARENT OF WARD THE PARENT OF	ers, directors, should all claims or outherwise in conters and other med to: fire, disasted fors, there shall hagreement shall ned by the laws as a MASE AND WAIVER GUARDIAN MED participate in the	ndation, Inc. the spons areholders, successors a demands on account of nection with my participedia without compensater, flood, acts of God or be no refund of the ent bind the members of of the State of California ER OF LIABILITY AGREEMUST SIGN THIS RELEASE E Event.	ors, and all other and assigns (collect any injury or dam pation in the Event tion. In the event is the elements (incomplete or any other my family and spota.  MENT AND VOLUME AND WAIVER AGE	persons an tively "spor lage, wheth I agree to the Event is luding rain or costs. It use, my he ITARILY SICE	d entities associations:  In the use of my side delayed or car and hail), or an is my express in eirs, assigns and the control of the certify that his	ciated with this event, liability, for any and all the negligence of all or name and photograph neelled for any reason, by other cause beyond natent that this Released personal representations or her son/daughter/
Name:				Da	ate:	
ADULT TEAM Rat	es for the 5	K: \$30.00; 1-2	-MILE WALK, A	ALL \$3	30.00	
Contribution Option	on (circle one	): \$15 \$20 \$30	\$			
TOTAL AMOUNT:	\$	Cash Ch	eck #	Ma	asterCard	VISA
Credit Card #					Exp Date:	
Name as it appears	s on the card					
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."



## 2024 IN-PERSON & VIRTUAL March for Marrow LA 5K Run & Walk

## **ADULT TEAM FORM**

## SATURDAY, APRIL 27, 2024 – 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

\*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 Monday, April 22, 2024 in order to ensure t-shirts etc. FAX: 512-233-5153 Phone Stephanie Dillon Hamm at 512-501-5029 or march4marrowla@amail.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.



## 2024 IN-PERSON & VIRTUAL March for Marrow LA 5K Run & Walk

## **ADULT TEAM REGISTRATION**

SATURDAY, APRIL 27, 2024 – Anywhere in the World

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

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

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□ 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.