

2024 TEAM IN-PERSON-VIRTUAL March 4 Marrow 5K Run & Walk CA

YOUTH or STUDENT RATE Individual Registration

BIB#_____

Name:								
Email:								
Daytime Phone: Cell Phone:								
Address:			City:		State:	Zip:		
Birthdate:	Age o	on Race Day	Sex: M	F	_ T-Shirt S	Size:		
school or Organizatio	n Team Name:							
Walking/Running in	Honor of	Memory of:						
ogether with their officency, damage and any are only of the sponsors or concluding but not limited the control of the sponsors of the waiver of Liability in the control of the sponsory of t	ers, directors, shand all claims or dotherwise in conners and other med to: fire, disasters ors, there shall be Agreement shall ned by the laws of ASE AND WAIVER GUARDIAN MU	ndation, Inc. the sponso areholders, successors a lemands on account of ection with my particip dia without compensat r, flood, acts of God or be no refund of the ent bind the members of r of the State of California R OF LIABILITY AGREEN IST SIGN THIS RELEASE Event.	and assigns (collect any injury or dam ation in the Event ion. In the event the the elements (inc ry fee or any othe my family and spo a. MENT AND VOLUN	tively "spons lage, whether I agree to the Event is luding rain a r costs. It is use, my hei	sors") from all er caused by the use of my delayed or ca and hail), or and s my express in rs, assigns and	liability, for the negligen name and procelled for any other cauntent that the personal records.	any and all ce of all or hotograph my reason, ise beyond his Release epresenta-	
lame:				Dat	:e:			
OUTH-STUDENT	TEAM RATE							
6-13 yrs) 5K: \$1	12.00 (14-21	yrs) \$15.00; 1-	2 MILE WALK	ALL \$1	10.00			
Contribution Optic	on (circle one)): \$15 \$20 Not n	ecessary unles	ss studen	t's parent v	vants to d	lonate.	
TOTAL AMOUNT:	\$	_ Cash Che	eck #	Ma	sterCard	VISA		
Credit Card #				E	Exp Date: _	/		
Name as it appears	s on the card_							
Are you related to	anyone with	bone marrow fail	ure disease or	a rare dis	ease?			

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 and Walk

YOUTH, 6-13 YEARS OLD

SATURDAY, APRIL 27, 2024 at Shoreline Village or Virtually – Anywhere in the World

www.marchformarrow.org; Questions??? march4marrowLA@gmail.com

5K YOUTH RUNNING or WALKING Teams - Phone 512-589-3735

SCHOOL:	COACH:	
WORK PHONE:	CELL PHONE:	
FAX:	EMAIL:	
NO. of STUDENTS RUNNING:	NO. of STUDENTS WALKING:	
YOUTH TEAMS	1	YOUTH SPONSORSHIPS AVAILABLE - Call 512-589-3735
Team of 5 Runners ages 6-13 (\$12)\$60.00	Team of 5 Walkers ages 6-13 (\$10)\$50.00	5K Runners: All YOUTH ages 6-13 normal rate\$15.00
Team of 10 Runners age 6-13 (\$12)\$120.00	Team of 10 Walkers age 6-13 (\$10)\$100.00	3K Numers. Am 1001H ages 0-15 Hoffmat fate\$15.00
		Walkers: All YOUTH ages 6-13 normal rate\$12.00

*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 Monday, April 22, 2024 in order to ensure t-shirts etc. FAX: 512-233-5153

Phone Stephanie Dillon Hamm at 512-301-5029 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 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.



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

YOUTH, 6-13 years old; STUDENTS, 14-21 years old

SATURDAY, APRIL 27, 2024 - Anywhere in the World

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

PAGE 2, 3, 4 - 5K YOUTH Running or Walking Team - TEAM Rates Apply - Page 2

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

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

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