



2025 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 on Race Day** _____ **Sex:** M _____ F _____ **T-Shirt Size:** _____

School or Organization Team Name: _____

Walking/Running in Honor of Memory of: _____

****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.

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.

Name: _____ **Date:** _____

TEAM Youth—Student Discount

(6-13 yrs) 5K: \$12.00 (14-21 yrs) \$15.00; 1-2-MILE WALK, ALL \$10.00

Contribution Option (circle one): \$15 \$20 Not necessary unless student's parent wants to donate.

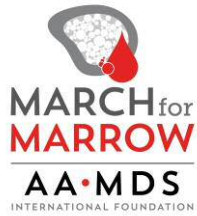
TOTAL AMOUNT: \$ _____ **Cash** **Check #** _____ **MasterCard** **VISA**

Credit Card # _____ **Exp Date:** ____/____

Name as it appears on the card _____

Are you related to anyone with bone marrow failure disease or a rare disease? _____

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 my brother Garrett —my hero. I am a Mother now and would not want to lose any of my children."*



2025 IN-PERSON & VIRTUAL March for Marrow LA 5K Run and Walk

YOUTH, 6-13 YEARS OLD

SATURDAY, APRIL 26, 2025 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:	YOUTH SPONSORSHIPS AVAILABLE - Call 512-589-3735 5K Runners: All YOUTH ages 6-13 normal rate.....\$15.00 Walkers: All YOUTH ages 6-13 normal rate.....\$12.00
WORK PHONE:	CELL PHONE:	
FAX:	EMAIL:	
NO. of STUDENTS RUNNING:	NO. of STUDENTS WALKING:	
YOUTH TEAMS Team of 5 Runners ages 6-13 (\$12).....\$60.00 Team of 5 Walkers ages 6-13 (\$10).....\$50.00 Team of 10 Runners age 6-13 (\$12).....\$120.00 Team of 10 Walkers age 6-13 (\$10).....\$100.00		

*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. 401 N. Washington Street, Suite 430; Rockville MD 20850

Must be postmarked by Monday, April 21, 2025 in order to ensure t-shirts etc. FAX: 512-233-5153

Phone Stephanie Dillon Hamm at 512-301-5029 or march4marrowla@gmail.com.

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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.

