

2024 March for Marrow 5K Run & Walk The Woodlands

Saturday, April 6, 2024

INDIVIDUAL ADULT RATE & TEAM RATE

Name:								
Email:								
Daytime Phone:								
Address:				City:		State:	Zip:	
Birthdate:		Sex: M _	F		T-Shir	t Size:		
School or Organization Tea	am Name:							
Walking/Running in Ho	nor of I	Memory of: _						
together with their officers, doss, damage and any and all any of the sponsors or otherwin broadcasts, newspapers an including but not limited to: the control of the sponsors, the damage of Liability Agree tives, and shall be governed but HAVE READ THIS RELEASE A	claims or dema vise in connection d other media water, floo fire, disaster, floo here shall be not ment shall bind y the laws of the	ands on accountion with my partivited without competed of acts of Godor refund of the latte members at the members at the first state of Texas	It of any in ticipation insation. In dor the elentry fee of my fan	jury or dam n the Event i the event ements (inc or any othe nily and spo	nage, wheth I agree to the Event is cluding rain er costs. It ouse, my he	ner caused by the use of my delayed or ca and hail), or a is my express eirs, assigns an	the negligence name and phonon ancelled for any other cause intent that this	of all or otograph y reason e beyond s Release
Name:					Da	ate:		
Adult Rates for the 5K Contribution Option (c			_			Adult Team	Rate, \$30	
TOTAL AMOUNT: \$		Cash	Check #		Ma	asterCard	VISA	
Credit Card #						Exp Date: _	/	_
Name as it appears on	the card							_
Are you related to any	one with bor	ne marrow f	failure d	isease or	a rare di	sease?		
What 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 by brother Garrett —my hero. I am a Mother now and would not want to lose any of my children."



15th Annual March for Marrow, The Woodlands, 5K Run or Walk

ADULT TEAMS

SATURDAY, APRIL 6, 2024, 8:00 AM Registration, 9:00 AM Start Northshore Park, 2505 Lake Woodlands Dr., The Woodlands, TX 77389

http:/www.marchformarrow.org

SCHOOL:	COACH:
WORK PHONE:	CELL PHONE:
FAX:	EMAIL:
NO. of ADULTS RUNNING:	NO. of ADULTS WALKING:
Questions: Call 512-589-3735 or Email march4marrov Team of 5 Adult Runners (\$30)\$150.00 Team of 10 Adult Runners (\$25)\$250.00	whous@gmail.com Team of 5 Adult Walkers (\$30)\$150.00 Team of 10 Adult Walkers (\$25)\$250.00

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

Walk or	Name	Age on	Gender	Cell Phone	Email	*T-Shirt	**Runner or Walker Signature
Run		Race Day	M/F			Size	(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, March 20, 2024, in order to ensure t-shirts etc. FAX: 512-233-5153 Phone Stephanie Dillon Hamm at 512-301-5029, 512-589-3735 or march4marrowtx@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 Texas.

□ I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT AND VOLUNTARILY SIGN IT.

Name: Date:	



Walk or

Run

Name:

Name

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Email

Date:

http:/www.marchformarrow.org

PAGE 2, 3, 4 - Adult Running or Walking Team - Adult Team Rates Apply - Page 2

Cell Phone

Gender

M/F

Age on

Race Day

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

**Student or Parent Signature

(Read Waiver Below)

*T-Shirt

Size

am fully av Foundation all loss, dan to the use acts of Goo of Liability I HAVE REA	consideration of the acceptance of this registration envare of the risks and hazards inherent in participating in n, Inc. the sponsors, and all other persons and entities mage and any and all claims or demands on account of of my name and photograph in broadcasts, newspaper of or the elements (including rain and hail), or any other Agreement shall bind the members of my family and shall be the thing the thing the son her son/daughter/ward has permission to participations.	n the Event and associated with a any injury or da a sand other med cause beyond to pouse, my heirs, ENT AND VOLUM	elect to volur this event, to mage, wheth lia without co he control of assigns and I	ntarily participate. If fully regether with their officers, eer caused by the negligenermpensation. In the event the sponsors, there shall be personal representatives,	ealize, waive, hold harmless and coven directors, shareholders, successors and ce of all or any of the sponsors or othe the Event is delayed or cancelled for a pe no refund of the entry fee or any ot and shall be governed by the laws of the and shall be governed by the laws of the	ant not to sue to assigns (collect rwise in connect range reason, includer costs. It is not state of Texalect rosts.	the Aplastic Anemia MDS International ctively "sponsors") from all liability, for any and ction with my participation in the Event. I agree uding but not limited to: fire, disaster, flood, my express intent that this Release and Waiver as.