



2024 March for Marrow 5K Run & Walk **The Woodlands**

Saturday, April 6, 2024

INDIVIDUAL ADULT RATE & TEAM RATE

Name: _____

Email: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ 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 Texas.

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

Name: _____ Date: _____

Adult Rates for the 5K: \$35.00; 1-2-MILE WALK, ALL \$35.00; Adult Team Rate, \$30

Contribution Option (circle one): \$15 \$20 \$30 \$ _____

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? _____

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 my 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 march4marrowhous@gmail.com	
Team of 5 Adult Runners (\$30)\$150.00	Team of 5 Adult Walkers (\$30)\$150.00
Team of 10 Adult Runners (\$25).....\$250.00	Team of 10 Adult Walkers (\$25)\$250.00

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

Walk or Run	Name	Age on Race Day	Gender M/F	Cell Phone	Email	*T-Shirt Size	**Runner or Walker 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, 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.

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

*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)

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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: _____