



17th ANNUAL MARCH FOR MARROW, THE WOODLANDS

Saturday, March 28, 2026

Northshore Park, 2505 Lake Woodlands Drive, The Woodlands, TX 77380

Name of Volunteer: _____ **Date:** _____

Email: _____ **Phone:** _____

****WAIVER**

In consideration of the acceptance of this volunteer 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.

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.

****USE OF MY NAME OR IMAGE ON BEHALF OF MARCH FOR MARROW AND/OR AAMDSIF:**

I agree to the use of my name and photograph in broadcasts, newspapers and other media without compensation.

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.

Volunteer's Signature: _____ **Date:** _____

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.

Parent's Signature: _____ **Date:** _____

Cell Phone: _____ **Home Phone:** _____



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