

#### 15TH Annual March for Marrow 5K Run & Walk The Woodlands

# MARCH for MARROW Saturday, April 6, 2024

### AA-MDS Individual Registration YOUTH or STUDENT TEAM RATE

Email:  Daytime Phone:  Cell Ph Address:  Birthdate:  Sex: M  F  School or Club Team Name:  Walking/Running in Honor of Memory of:  **WAIVER In consideration of the acceptance of this registration entry, I asso which may occur during my participation in this race or while on the premise ards inherent in participating in the Event and elect to voluntarily participate to sue the Aplastic Anemia MDS International Foundation, Inc. the sponsors, event, together with their officers, directors, shareholders, successors and as and all loss, damage and any and all claims or demands on account of any injall or any of the sponsors or otherwise in connection with my participation in graph in broadcasts, newspapers and other media without compensation. In reason, including but not limited to: fire, disaster, flood, acts of God or the elbeyond the control of the sponsors, there shall be no refund of the entry fee Release and Waiver of Liability Agreement shall bind the members of my fam sentatives, and shall be governed by the laws of the State of Texas.  I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT AND W 118, HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVE ward has permission to participate in the Event.  Name:  Date  YOUTH-STUDENT TEAM RATE (6-13 yrs) 5K: \$12.00 (14-12 MILE WALK ALL \$10.00  Contribution Option (circle one): \$15 \$25 \$50 \$100  TOTAL AMOUNT: \$  Cash Check #  Name as it appears on the card	
Birthdate:Sex: MF	
School or Club Team Name:	Phone:
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1-2 MILE WALK ALL \$10.00  Contribution Option (circle one): \$15 \$25 \$50 \$100  FOTAL AMOUNT: \$ Cash Check #  Credit Card #	ate:
Contribution Option (circle one): \$15  \$25  \$50  \$100  TOTAL AMOUNT: \$  Cash Check #  Credit Card #	4-21 yrs) \$15.00
Credit Card #	Other
Credit Card #	
	MasterCard VISA
Name as it appears on the card	Exp Date:/
Are you related to anyone with bone marrow failure 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

#### **YOUTH, 6-13 YEARS OLD**

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 YOUTH RUNNING:	NO. of YOUTH WALKING:			
YOUTH SPONSORSHIPS AVAILABLE - Call 512-301-502	INDIVIDUAL RUNNERS or WALKERS			
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	SK Rumers. An 100111 ages 0-13 horman ate		
		Walkers: All YOUTH ages 6-13 normal rate\$12.00		

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

Walk or	Name	Age on	Gender	Cell Phone	Email	*T-Shirt	**Student or Parent 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 29, 2024, in order to ensure t-shirts etc. FAX: 512-233-5153; Phone Stephanie Dillon Hamm at 512-301-5029 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. IF PARTICIPANT IS UNDER AGE 18, HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMEN
to certify that his or her son/daughter/ward has permission to participate in the Event.

Name:	Date:
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Walk or

Run

Name:

Name

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

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

**Email** 

Date:

http:/www.marchformarrow.org

#### PAGE 2, 3, 4 - 5K Youth Running or 1-2 Mile Walking Team - Youth 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

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