

## YOUTH or STUDENT TEAM RATE Individual Registration

| Name:                       |                  |       |               |      |
|-----------------------------|------------------|-------|---------------|------|
| Email:                      |                  |       |               |      |
| Daytime Phone:              |                  |       |               |      |
| Address:                    |                  | City: | State:        | Zip: |
| Birthdate:                  | Sex: M           | F     | T-Shirt Size: |      |
| School or Organization Tear | n Name:          |       |               |      |
| Walking/Running in Hon      | or of Memory of: |       |               |      |

#### \*\*WAIVER

not want to lose any of my children."

AA+MDS

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 AGREEMENT to certify that his or her son/daughter/ ward has permission to participate in the Event.

| Name:   |          |                | Date:                     |          |           |
|---|----------|----------------|---------------------------|----------|-----------|
| Student Discount (6-13 yrs) 5K:                                       | \$12.00  | (14-21 yrs)    | \$15.00; 1-2-MILE WALK    | K, ALL   | \$10.00   |
| Contribution Option (circle one): \$                                  | 15 \$20  | Not necessar   | y unless student's parent | wants to | o donate. |
| TOTAL AMOUNT: \$  | Cash     | Check #        | MasterCard                | VISA     |           |
| Credit Card #   |          |                | Exp Date: _               | /        |           |
| Name as it appears on the card  |          |                |                           |          |           |
| Are you related to anyone with bo                                     | ne marro | w failure dise | ase or a rare disease?    |          |           |
| What disease?   |          |                |                           |          |           |
| MESSAGE FROM MIA HAMM, MEMBE<br>walking with my Mom. I know how I fel |          |                | •                         |          | 5         |



# **2021 VIRTUAL March for Marrow TX 5K Run and Walk** YOUTH, 6-13 YEARS OLD

SATURDAY, MARCH 27 to APRIL 3, 2021 - Anytime – Anywhere in the World

www.marchformarrow.org; Questions??? march4marrowTX@gmail.com

5K YOUTH RUNNING or WALKING Team – Sponsorships for Student-Runners Available – Phone 512-589-3735

| SCHOOL:                                | COACH:  |      |
|--|---|------|
| WORK PHONE:                            | CELL PHONE:                                       |      |
| FAX:                                   | EMAIL:  |      |
| NO. of YOUTH RUNNING:                  | NO. of YOUTH WALKING:                             |      |
| YOUTH SPONSORSHIPS AVAILABLE - Call 52 | 12-301-5029                                       | IND  |
| Team of 5 Runners ages 6-13 (\$12)\$   | 60.00 Team of 5 Walkers ages 6-13 (\$10)\$50.00   | 5K R |
| Team of 10 Runners age 6-13 (\$12)\$1  | .20.00 Team of 10 Walkers age 6-13 (\$10)\$100.00 |      |
|  |   | Wal  |

INDIVIDUAL RUNNERS or WALKERS

5K Runners: All YOUTH ages 6-13 normal rate......\$15.00

Walkers: All YOUTH ages 6-13 normal rate......\$12.00

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

| Walk or<br>Run | Name | Age on<br>Race Day | Gender<br>M/F | Cell Phone | Email | *T-Shirt<br>Size | **Student or Parent Signature<br>(Read Waiver Below) |
|----------------|------|--------------------|---------------|------------|-------|------------------|--|
|                |      |                    |               |            |       |                  | (  |
|                |      |                    |               |            |       |                  |  |
|                |      |                    |               |            |       |                  |  |
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|                |      |                    |               |            |       |                  |  |
|                |      |                    |               |            |       |                  |  |

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 19, 2021 in order to ensure t-shirts etc. FAX: 512-233-5153

Phone Stephanie Dillon Hamm at 512-301-5029 or march4marrowTX@gmail.com.

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# 2021 VIRTUAL March for Marrow TX 5K Run and Walk

### YOUTH, 6-13 years old; STUDENTS, 14-21 years old

SATURDAY, MARCH 27 to APRIL 1, 2021 - Anytime - Anywhere in the World

www.marchformarrow.org; Questions??? march4marrowTX@gmail.com

PAGE 2, 3, 4 - 5K Student Running or Walking Team - Student Rates Apply – Page 2

\*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)           |
|         |      |          |        |            |       |          |                               |
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