

COLON CANCER COALITION

Be a part of the Chicago Get Your Rear in Gear event. Funds raised will be invested in local programs to:

- Raise awareness of colon and rectal cancer
- Invest in innovative projects to help increase screening for colorectal cancer, especially for those under- or non-insured
- Provide support to those touched by colorectal cancer

Get Your Rear in Gear races are a series of nationwide events to raise awareness and funds for colorectal cancer. By working together, we can have a positive impact on colon and rectal cancer in our community and beyond.

Register today at
www.getyourrearingear.com



Colon Cancer Coalition
8009 34th Avenue S., Suite 360
Bloomington, MN 55425



5k

timed run/walk
kids' fun run

**SUNDAY,
MAY 23, 2010**

**OAK PARK RIVER FOREST HIGH SCHOOL
OAK PARK, IL**

SUNDAY

MAY 23, 2010

kids' fun run • 8:00AM

5k timed run/walk • 8:30AM

registration 7:00AM

Oak Park River Forest High School
201 North Scoville Avenue

Oak Park, Illinois

www.getyourrearingear.com



GET INVOLVED!

Form a Team

Form a team to support a loved one, raise funds, or simply to share the excitement on race day. An official team is 10 or more family members, friends, co-workers, classmates, and anyone else you can recruit. Get more information and a downloadable team packet at www.getyourrearingear.com/events.

Become a Fundraiser

Collecting donations isn't hard and can really make a difference. Visit www.getyourrearingear.com/events to get more information about fundraising online. Funds raised in person may be mailed to the Coalition or brought to the event on race day.

Sponsor

Be a part of this high profile community event. Sponsors support us by offering products, services, volunteers or financial support. Contact Patti McGrath at pattimcgrath@getyourrearingear.com or 708-257-2498; Candice Washilewski at 216-688-4766 or c.washilewski@ahss.org.

Donate

Can't make it on race day? Do you want to honor a loved one or improve awareness in your community by supporting this event? Donations may be made on www.gyrig.com/donate.

Volunteer

Please contact Patti McGrath at 708-257-2498 or pattimcgrath@getyourrearingear.com to volunteer.

Share Your Story

Have you or someone you know been touched by colon or rectal cancer? Share your story or read others at www.getyourrearingear.com/stories.

INFORMATION

Visit www.getyourrearingear.com/events or contact the local event directors: Patti McGrath at 708-257-2498 or pattimcgrath@getyourrearingear.com; Candice Washilewski at c.washilewski@ahss.org or 219-688-4766.

Mail to: Colon Cancer Coalition – Chicago
8009 34th Avenue S., Suite 360
Bloomington, MN 55425

Event (choose one)

kids' fun run • 8:00AM

5k timed run • 8:30AM

5k walk • 8:30AM

Technical shirts and goodie bags guaranteed to the first 750 adult participants. Children receive a cotton t-shirt.

First Name / MI / Last Name: _____

Street Address: _____

City, State/Province, Zip/Postal Code: _____

Email: _____

Birthdate (mm/dd/yyyy): _____ Age on race day: Male Female

I am a member of Team _____
(team name here)

I am a colon cancer survivor.

T-Shirt Size (included with race entry fee)

NOTE: Shirts run large. Order at least one size smaller for proper fit.

Youth-S Youth-M Youth-L

Adult-S Adult-M Adult-L Adult-XL Adult-XXL

Mail-in registration must be postmarked no later than May 14, 2010. Online registration is open through May 18, 2010 at www.getyourrearingear.com.

Make checks payable to:
Colon Cancer Coalition – Chicago

Pre-registration via mail through May 14 and online through May 18:

Adult 5K/Walk: \$25.00

Kids' Fun Run: \$12.00

Race day registration (after May 18):

Adult 5K/Walk: \$30.00

Kids' Fun Run: \$15.00

I would like to donate \$ _____

Event Fee \$ _____

Total Amount Enclosed \$ _____

Charge my: MasterCard VISA

Card# _____

Exp. Date: _____

Cardholder's Signature: _____

WAIVER MUST BE READ AND SIGNED WITH ENTRY

WAIVER & RELEASE: READ THIS! I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather, including extreme cold, traffic and the conditions of the road, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of acceptance of my entry, I for myself and anyone entitled to act on my behalf, waive and release the Colon Cancer Coalition, the Village of Oak Park, Oak Park River Forest High School, and any and all persons, sponsors and entities, their representatives and successors from all claims or liabilities of any kind arising out of my participation even though said liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission for all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. Parents must sign if participant is under 18 years of age. This is to certify that my child has permission to compete in this event, is in good physical condition and that event officials may authorize necessary emergency treatment.

ENTRY FEES ARE NON-REFUNDABLE.

Print Full Name: _____

Signature (Parent or Legal Guardian if under 18): _____

Date: _____

Entry fee is not tax deductible; donations are deductible to the fullest extent allowed by law.