

GET YOUR  
**REAR**  
IN GEAR  
CHICAGO



## Sponsors

*Coca-Cola* Refreshments



## 5k Run/Walk & Kids' Fun Run

**SUNDAY  
MAY 15, 2011**

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

Make healthy choices, live well, and prevent disease. Run, walk, form a team or volunteer your time at this premier community event.

*Funds raised at this event will be used to increase awareness and help fight colon cancer in our community.*

**Register today at  
[www.getyourrearingear.com](http://www.getyourrearingear.com)**

# Get Your Rear in Gear events are touching lives across the United States

## Raceday Schedule:

Registration opens – 7:00AM

Kids' Fun Run – 8:00AM

5K run/walk – 8:30AM

## Awards/Shirts:

Marathon-quality medals for age group winners.

Moisture wicking shirts to the first 800 participants.

## More information:

To sponsor, volunteer or get more information about this event, contact Candice Washilewski at [candigirl308@aol.com](mailto:candigirl308@aol.com).



Stay connected at  
[www.facebook.com/getyourrearingear](http://www.facebook.com/getyourrearingear)

Visit our website at  
[www.getyourrearingear.com/events](http://www.getyourrearingear.com/events)

## STOP COLON CANCER NOW

- » Preventable through regular screening
- » Highly curable – over 90% - if caught in its earliest stages
- » It equally affects men and women, affects those primarily 50 and older, one of the fastest growing segments of our population
- » It is the second leading cause of cancer deaths in the United States – 54,000 each year
- » More than 150,000 people are diagnosed with colorectal cancer each year
- » Those with family history of the disease are at increased risk

## Registration

### Pre-Registration received by mail or online by May 10:

Adult: \$30.00 – Child (12 and under): \$12.00

### Race registration after May 10 by mail, online or on raceday:

Adult: \$35.00 – Child (12 and under): \$15.00

I want to help! Please accept my donation of \$ \_\_\_\_\_

### To register online visit [getyourrearingear.com](http://getyourrearingear.com) or mail to:

Colon Cancer Coalition – Chicago  
8009 34th Avenue South, Suite 360  
Bloomington, MN 55425

Team Name (if applicable): \_\_\_\_\_

First Name/M/Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on Raceday: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Province \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Male  Female

I am a:  Walker  Runner

I am a 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

### 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.

Payment type:  Cash  Check# \_\_\_\_\_

Credit Card:  MasterCard  VISA  Discover  AMEX

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Bib Number: \_\_\_\_\_