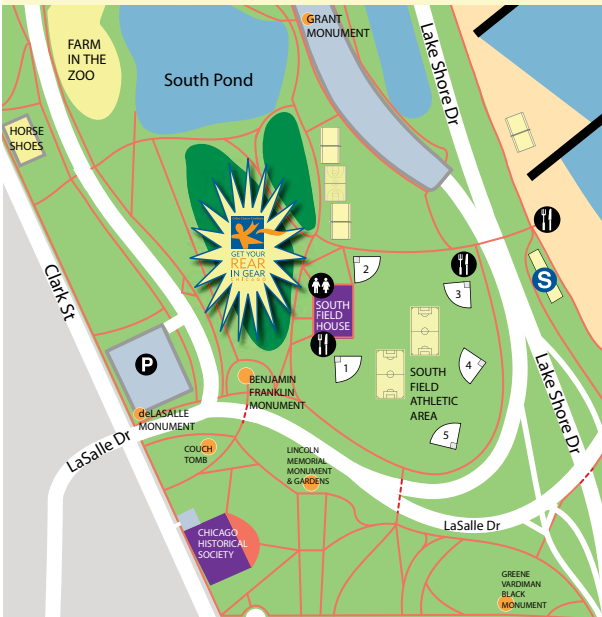


# LINCOLN PARK

## chicago park district



# SATURDAY

APRIL 25, 2009

LINCOLN PARK  
CHICAGO, IL

kids' fun run • 8:30AM

5k timed run/walk • 9:00AM

awards • 9:30AM

registration opens at 7:00AM

[www.getyourrearingear.com](http://www.getyourrearingear.com)



## GET INVOLVED!

### Form a Team

An Official Team is 10 or more family, friends, co-workers, classmates, athletes or anyone else you can recruit. Team members can be a combination of walkers, runners and kids. Make your team really stand out with your own t-shirt, hat, banner — be creative! Register today and a Team Kit will be sent to the Team Captain to help you get started.

### Become a Fundraiser

Collecting funds for the cause isn't hard and can really make a difference. Collect contributions online or simply ask for donations. Visit our website to learn how to get started and find some fun and easy ideas to help raise money.

### Donate

Sponsor someone participating in this event or make a donation directly to help fight colorectal cancer in the Chicago area. Send in your donation with this form or go to our website to make your contribution on our secure online system.

### Volunteer

It takes hundreds of people to help make this event a success. Please contact us to find out how you or your group can help.

### Sponsor

Be a part of this high profile community event. Sponsors can help with dollars, in kind services or products, or volunteers.

## INFORMATION

For more information, please go to [www.getyourrearingear.com](http://www.getyourrearingear.com) and click on Chicago 5K, April 25 or contact the Local Event Director Candice Washilewski at [candicewashilewski@getyourrearingear.com](mailto:candicewashilewski@getyourrearingear.com) or at the Colon Cancer Coalition at 952-426-6521.

Mail to: Colon Cancer Coalition – CHI  
8009 34th Ave., Suite 360  
Bloomington, MN 55425

### Event (choose one)

Kids' Fun Run • 8:30AM

5k Timed Run/Walk • 9:00AM

Technical shirts and goodie bags guaranteed to the first 500 adult participants.

Children receive a cotton t-shirt.

\_\_\_\_\_  
First Name / MI / Last Name:

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

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

\_\_\_\_\_  
Team Name/Captain:

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

\_\_\_\_\_  
Birthdate (mm/dd/yyyy):

\_\_\_\_\_  
Age (race day):

I am a colon cancer survivor.

### T-Shirt Size (included with race entry fee)

Youth-XS  Youth-S  Youth-M  Youth-L

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

Gender  Female  Male

Mail in registrations must be postmarked by April 15, 2009.  
Online registration is open through April 23, 2009 at  
[www.getyourrearingear.com](http://www.getyourrearingear.com)

Make checks payable to:

**Colon Cancer Coalition – CHI**

### Pre-registration through April 23:

Adult: \$25.00

Child (10 and under): \$12.00

### Race Day Registration after April 23:

Adult: \$30.00

Child (10 and under): \$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 City of Chicago, 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.