

GET EDUCATED. GET SCREENED.

THANK YOU TO OUR SPONSORS



- » Colon cancer 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
- » It equally affects men and women, affects those primarily 50 and older, one of the fastest growing segments of our population
- » Those with family history of the disease are at increased risk
- » **It is curable – over 90% cured if caught early**
- » **Colon cancer is preventable through regular screening**

TAKE ACTION NOW!

*A portion of the monies raised will also help the Colon Cancer Coalition begin Get Your Rear in Gear events in other cities across the United States. By working together, we can have a positive impact on colon and rectal cancer in our community and beyond.*



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CANCER CARE CENTERS of South Texas

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A Colon Cancer Coalition Event  
8009 34th Ave., Suite 360  
Bloomington, MN 55425  
952.426.6521

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



5k Run/Walk & Kids' Fun Run

for Colon Cancer Awareness

SUNDAY  
MARCH 25, 2012

BRACKENRIDGE PARK, KOEHLER PAVILION  
SAN ANTONIO, TEXAS



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



Twitter.com/GYRIG  
Tweeting from an event? Use #GYRIG

It's more than a race.

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

Get Your Rear in Gear® races are produced by the Colon Cancer Coalition, a national grassroots organization dedicated to furthering the advancement of colon cancer awareness and screening. Get Your Rear in Gear events are planned and run by dedicated volunteers who are passionate about putting an end to this preventable disease by increasing screening rates and encouraging people to take charge of their own health.

## SPECIAL THANKS~

*Two Survivors who have supported our race from the beginning:*

**Bryan Joyce** was diagnosed in April 2007 with stage 3 and stage 4 tumors. With a family history of colon cancer, one of his goals is “to make sure people understand their family history and how this plays an important role.” We are happy to mention that Bryan is also a GYRIG committee team member that helps put this amazing race together.

**Roger Rojas** was diagnosed in 2008. He walked his first 5k race at our 2010 Get Your Rear in Gear and has since completed several races including half marathons. The Rojas family continues their goal of “trying to spread hope to other people affected by colon cancer.”



### The Taco People (as we all know them):

Very special thanks to the friends of Bryan Joyce who have provided all of our runners with fantastic tacos on race morning: Brett Ramsey, Jamie Ramsey, Jessica Ramsey, Alex Ramsey, Brek Blair, Eric Shaw, Jaren Shaw, Tom Florer.

## SUNDAY • MARCH 25, 2012

Brackenridge Park, Koehler Pavilion  
3700 North St. Mary's Street  
San Antonio, Texas

### Pre-Registration through March 14:

Adult: \$25.00  
Child: \$12.00  
*(12 and under)*

### Race Day Registration after March 14:

Adult: \$30.00  
Child: \$15.00  
*(12 and under)*

### Raceday Schedule

Registration opens	7:00 a.m.
Kids Fun Run	8:00 a.m.
5K Timed Run	8:30 a.m.
5K Walk	8:35 a.m.

### Awards/Shirts

Marathon-quality medals for age group winners. Moisture wicking technical shirts to the first 500 participants.

### Course

Please visit [www.getyourrearingear.com](http://www.getyourrearingear.com) to view the course map.

### More information

To sponsor, volunteer or get more information about this event, contact Katie Kelley at 210-601-0314, [kkelley@sacolonrectalclinic.com](mailto:kkelley@sacolonrectalclinic.com).

**75% of the funds stay in the local area to fund colon cancer awareness, education and prevention programs.**

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

#### EVENT (CHOOSE ONE):

5K Timed Run  5K Walk  Kids Fun Run

**T-SHIRT SIZE:** Youth: XS S M L **Women:** XS S M L XL XXL **Men:** S M L XL XXL

#### EVENT INFORMATION:

Male  Female

I am a colon cancer survivor

Name: \_\_\_\_\_ Team Name: \_\_\_\_\_ Age (on race day): \_\_\_\_\_

Street Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

#### ENTRY FEES ARE NON-REFUNDABLE:

I would like to donate \$ \_\_\_\_\_

Entry fee \$ \_\_\_\_\_

Total amount enclosed \$ \_\_\_\_\_

#### MAIL OR FAX THIS FORM TO:

Colon Cancer Coalition - San Antonio  
8009 34th Avenue South, Suite 360  
Bloomington, MN 55425  
FAX: 952-853-2265

Make Checks payable to  
Colon Cancer Coalition

You can also register online at:  
[www.getyourrearingear.com](http://www.getyourrearingear.com)

#### WAVER 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, Brackenridge Park/Koehler Pavilion, the City of San Antonio, 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.

Participant 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 # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_