



**Schedule of events:**

Registration: 8:00 a.m.  
 5k Run/Walk: 9:00 a.m.

**Pre-registration via mail before September 3:**  
 Adults: \$15 / Children: \$10 /  
 Family: \$40 (immediate family max - 4)

**Race day registration after September 3:**  
 Adults: \$20 / Children: \$15 /  
 Family: \$50 (immediate family max - 4)

**Please mail registration to:**

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



**GET YOUR REAR  
 IN GEAR  
 5K WALK/RUN  
 FOR COLON CANCER**

**September 11, 2010  
 The Hansen Center  
 24 Six Pine Ranch Road  
 Batesville, Indiana**

Get Your Rear in Gear is a series of nationwide events to raise awareness and funds for colorectal cancer. Run, walk, form a team or volunteer your time. Support those battling colorectal cancer, and provide other important services.

To sponsor or volunteer, contact Marysue Krause at 812.933.3742 or by emailing [marysue.krause@mmch.org](mailto:marysue.krause@mmch.org)

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

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

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

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

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

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

Date of Birth: \_\_\_\_\_ Age on race day: \_\_\_\_\_  Male  Female

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

- 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 a 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, Margaret Mary Community Hospital, the City of Batesville, The Hansen Center 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.