

GET YOUR  
REAR  
IN GEAR  
TINLEY PARK



Shirt Size (choose one)

**Child**

- Extra Small       Small  
 Medium             Large

**Adult**

- X-Small    Small    Medium  
 Large      XL        XXL

RACE DAY  
REGISTRATION FORM  
one per person

EVENT (Choose One)

- 5K Run  
 5K Walk  
 Kids' Fun Run

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Gender  Male  Female

Birthdate \_\_\_\_\_

I am a colon cancer survivor

**COST** \$30.00 Adults  
\$15.00 Children 10 & under

I would also like to Donate \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Make Checks Payable to:  
**Colon Cancer Coalition**

Charge my  Mastercard  Visa

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

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

Signature \_\_\_\_\_

Please contact me about future  
volunteer opportunities

**PLEASE TURN SHEET OVER  
AND SIGN WAIVER ON  
BACK**

**WAIVER AND RELEASE: READ THIS!** I know that participating in a running/walking 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, heat, traffic and the conditions of the course, 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 Tinley Park, 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 and are not tax deductible as good and services were received for your payment.**

**Print Full Name:**

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**Signature (parent or legal guardian if under age 18)**

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**Date** \_\_\_\_\_