

2nd Annual Overdose Awareness

August 23rd, 2025 8am Man Power Park Jackson, Ohio

Race Information

Details:

- Date & Time **8/23/2024 8am**
- Registration fees **\$30 twelve – one hundred; six-eleven \$10; birth – five Free**
- **Payment instructions** Pay by card, cash the day of the race
- Your **amanda.davis@hopewellhealth.org**, in case people have further questions or need to get in touch

Other information you can include:

- All donations and registration fees will go to support our local Harm Reduction program and the Jackson County PORT team outreach.

Registration Form

First name: _____ last name: _____

Age on race day: _____ Gender: Male Female

Email: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip: _____

Choose a race to enter:

5K Run 5K Walk Kids Run/Walk

T-shirt size:

XS S M L XL XXL if bigger size need please add here _____

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Waiver

[Add your full race waiver here]

By checking this box, I agree to the waiver above

Signature (parent/guardian if under 18): _____ Date: MM / DD / YYYY