Jackson County P.O.R.T. 5K Registration Form

Join us as we remember those we have lost, celebrate recovery, and support our community.

Participant Name:	_____
Address:	_____
City / State / ZIP:	_____
Phone Number:	_____
Email Address:	_____

Circle Your T■Shirt Size: S M L XL 2XL 3XL

Circle Your Payment Method:

Cash Check Venmo Cash App

Venmo: @PORT-jackson-1223
Cash App: $jacksonPORT23
Checks payable to: Jackson County Post Overdose Response Team

Release of Liability

In consideration of being permitted to participate in the Jackson County P.O.R.T. 5K and related activities, I hereby release, waive, discharge, and hold harmless the Jackson County P.O.R.T., the Jackson County Post Overdose Response Team, the City of Wellston, event volunteers, sponsors, and affiliated organizations from any and all liability, claims, demands, actions, causes of action, injuries, losses, damages, or expenses arising from or related to my participation in this event.

I certify that I am physically able to participate in this event and understand the risks associated with participation. I also grant permission for photographs and video taken during the event to be used for promotional purposes.

Participant Signature: _____

Parent/Guardian Signature (if under 18): _____

Date: _____