



Overdose Awareness

August 31st, 2024 9am Man Power Park Jackson, Ohio

Race Information

Include some information about your race here.

Things you should include are:

- Your **8/31/2024** and **9am**
- Your **\$25 students \$15**
- **Payment instructions** for your race entry fee, e.g. bank details on a link to an online registration page
- 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 as well as our Local Dog Pound

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