

**Morgan County Fall Foliage Festival
5K Run/Walk**

LOCATION: Begins and ends at Bell-East Middle School (formerly East Middle School), 1459 E. Columbus St. The race will follow the Parade Route

DATE: Sunday, October 15, 2023

TIME: Race Day Registration/Package Pickup will be at 8:00 am - **Race starts at 9:30 a.m.**

ENTRY FEE: Pre-registration: Before October 1, 2023 \$20.00 (no shirt \$15.00). Day of Race \$25.00

REGISTRATION: Should be mailed to Martinsville Fall Foliage 5K Run & Walk, P.O. Box 1245, Martinsville, Indiana 46151

ADDITIONAL INFORMATION:

Age Groups Run:

14 and under

15-19

20-29

30-39

40-49

50-59

60 & Over

Age Groups Walk:

14 and under

15-19

20-29

30-39

40-49

50-59

60 & Over

AWARDS: Top three male and female overall finishers in walk and run divisions receive a Maple Leaf plaque. Medals are awarded to the top two male and female finishers in each Division.

The Fall Foliage 5K Run/Walk is an event for all ages and abilities. This event will run the parade route through the middle of town. The certified course is FLAT and FAST. Post-Race food, drinks and prizes!

Mail Form & Entry Form to:

Kristina Badger

128 N. Jefferson St.

Martinsville, IN 46151

317-627-4463

Shirt size: SM MD LG XL

Run_____

Walk_____

Sex M____ F_____

Age on Race Day_____

Make Check payable to:

Fall Foliage Festival

Email:

Leopard77girl@hotmail.com

Name_____

Address_____

Phone_____

Emergency Contact_____

I understand that running or walking is a potentially hazardous activity. I should participate in the event, only if I have trained properly and been cleared of any medical conditions, which may inhibit my ability to complete this event. In consideration of this entry being accepted, I hereby for myself, heirs, executors and administrators, waive any claim that I may have against the Fall Foliage Festival Committee, Morgan County, the city of Martinsville, or MSD of Martinsville and any and all organizers and sponsors of and volunteers assisting with the event and their representatives and successors for any injuries that may be suffered by me in this event, even though such injuries may be suffered by me in this event, even though such injuries may arise out of negligence or carelessness on the part of persons named in the waiver. I have read and agree to this waiver above.

Signature:_____ Date:_____