

Fall Foliage Festival Pageant

*** I hereby acknowledge that I have read and the official rules and responsibilities printed in the 2026 Morgan County Fall Foliage Festival Pageant rules, that I am complying with them in every way and the personal data submitted is true and correct.***

I release the **Morgan County Fall Foliage Festival** and hold it harmless from liability resulting from any accident, incident, or injury which may occur during rehearsals, the pageant, or during my year of service. I consent to my picture being displayed as Fall Foliage Festival Pageant contestant on printed material or on the Fall Foliage Festival website.

I do, hereby, swear that the statements made in the application and contract and its attachments are true and accurate to the best of my knowledge and belief. Further, I have read and understand the rules and conditions governing the pageant, and fully agree to adhere to the same.

Contestant name: _____ Date: _____

Parent signature: _____ Date: _____
(if under 18)

The date of the pageant will be Saturday, Aug. 29, 2026 in Martinsville, IN.

****Please return this form to the Fall Foliage Festival office (128 N. Jefferson St, Martinsville) no later than Saturday, August 1, 2026.**

PLEASE INCLUDE A 4X6 PICTURE (head and shoulders only and no bigger than 4x6).

The entry fee of \$60 and a picture MUST be received with the application. If you have any questions, please contact Brenda Markitan (markitanb@gmail.com), or the Fall Foliage Festival office (765)342-0332.

\$60.00 NON-REFUNDABLE entry fee submitted (office use only): _____