Morgan County Fall Foliage Festival
5K Run/Walk

LOCATION: The race begins and ends at Bell Academy {formerly East Middle School}, 1459 E. Columbus St. The race will follow the parade route.

DATE: Sunday, **OCTOBER 11, 2026.**

TIME: Race day registration/packet pickup will be at 8:00am. **RACE STARTS AT 9:30AM.**

ENTRY FEE: Pre-registration before October 1, 2026 is $30 with shirt. $25 without shirt. Raceday registration is $30 with no shirt option.

ADDITIONAL INFORMATION:

Age Group Run:	Age Group Walk:
14 and under	14 and under
15 -19	15 – 19
20 - 29	20 – 29
30 - 39	30 – 39
40 – 49	40 – 49
50 – 59	50 – 59
60 & over	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 and drinks will be provided.

Mail form and check to:
Fall Foliage Festival 5K Run/Walk
P.O. Box 1245
Martinsville, In 46151

Name_____
Address_____
Phone_____
Emergency Contact_____
Age on race day_____ Sex M F
Walk___ Run___ Shirt Size_____

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 arise out of negligence or carelessness on the part of the persons named in the waiver. I have read and agree to the waiver above.

Signature:_____Date:_____