

5th Annual Care Farm Challenge

Registration Form

The Care Farm Program, A Plus Health Care, and Centennial Farm are excited to be sponsoring the 5th Annual Care Farm Challenge; a fun, farm style obstacle course race for our friends with special needs. Come join us for an exciting race and BBQ afterward at Centennial Farm.

This event is free of charge and open to the public. Families and friends are welcome.

The race will be held **Saturday, July 28th** at **Centennial Farm** in West Valley. The address is 563 McMannamy Draw, Kalispell, 59901.

From West Valley School head west and follow the signs to the race site.

Please arrive between **10 and 10:30AM** to sign in. Race starts at 11AM. BBQ to follow.

For more information, see our website: montanacarefarming.com.

Participant's Name: _____

Phone Number: _____ Email: _____

Will you need transportation? Yes _____ No _____

Expected number of guests/family members: _____

I agree, or give authorization for _____, to participate in the Care Farm Challenge, and I hereby release A Plus Health Care, and Centennial Farm from any liability for injury that may occur while participating. Centennial Farm and A Plus Health Care have taken great care to provide a safe and fun race environment. By signing this form, I agree to stay within the designated race course and conduct the race according to guidelines set by Centennial Farm and the volunteers present on race day. I understand that participating in sporting activities includes risk of injury and I knowingly accept these risk, agreeing to abide by the rules and safety standards put in place by Centennial Farm and the Care Farm Program to prevent injuries.

I acknowledge that I have fully read and understand this registration form, and I have had answered to my satisfaction any questions regarding its effect or the meaning of its terms.

Participant or guardian signature _____ **Date** _____

We rely on volunteers to assist on the day of the event as helping hands throughout the course as well as with lunch preparation. May we contact you or your family members to assist as a volunteer?

Yes _____ No _____

Contact name and number _____

Please return this form by July 10th:

mail: A Plus Health Care
1310 South Main St. Kalispell MT, 59901
fax: (406) 752-5157
email: rgrant@aplushc.com

With any additional questions please contact Rachel Grant: (406) 471-1613

