

**LOESS HILLS TRACTOR RIDE**  
**REGISTRATION FORM**  
**SATURDAY, AUGUST 27, 2011**

PERSONAL INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

CELLPHONE #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

TRACTOR (MAKE) \_\_\_\_\_ (MODEL) \_\_\_\_\_

EMERGENCY CONTACT #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Do you have any medical conditions that ride organizers should be aware of?     Yes     No

If yes, briefly describe: \_\_\_\_\_

\_\_\_\_\_

In consideration of your acceptance of the entry, I hereby, for myself, my heirs, my executors, administrator, waive any and all rights and claims for damage I may have against individuals associated with this event, it's agencies, representatives, successors and assigns, for any and all injuries suffered by me in said event. I attest and verify that I have full knowledge of the risks involved in this event and am physically able and sufficiently trained to participate in this event. I understand the Loess Hills Tractor Ride Committee reserves the right to limit the number of tractors in the ride in order to control traffic and other administrative tasks. I give my permission of the free use of my name and picture in any broadcast, telecast, or print media account of this event.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please fill out information and mail to:**  
**Loess Hill Tractor Ride**  
**c/o Bill Hagerdon**  
**825 Main St.**  
**Mapleton, IA 51034**