

KANSAS TRACTOR



CLUB

TRACTOR DRIVE REGISTRATION FORM

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE/ZIP: _____

PHONE: (____) _____

EMAIL: _____

INFORMATION FOR PRIZE GIVEAWAY (During Lunch)

PARTICIPANTS AGE:

HOW MANY MILES DID YOU HAUL A TRACTOR TODAY?

TRACTOR INFORMATION

MAKE: _____

MODEL: _____

YEAR: _____

TRACTOR DRIVE WAIVER AND ASSUMPTION OF RISK

I, _____, hereby waive Kansas Tractor Club, its officers and volunteers, from any liability of injury, loss or damage to personal property or death associated with activities participated in this organization.

I understand that there are certain risks and dangers associated with participating in activities and that these risks have been fully explained to me. I fully understand the danger involved and agree to use my best judgment in undertaking these activities and follow all safety instructions.

I acknowledge that I understand the waiver described in this document. Waiver is made to the maximum extent permissible under applicable law. I acknowledge that I have signed this document under my own free will.

Signature _____

Date _____