



Three Trails Tractor Club

Registration Form

Mr/Mrs _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Medical Conditions _____

Physician's Name & Phone Number _____

Tractor Brand _____ Year _____ Model _____

Tractor Speed: Under 10 mph 11-15 mph Over 16 mph

Shirt Size: S M L XL XXL XXXL

ARMY NAVY AIRFORCE MARINE CORP NOT A VET

In consideration of your acceptance of this entry, I hereby for myself, my heirs, my executors, administrators, waive all rights and claims for damage I may have against individuals associated with this event, its agencies, representatives, successors and assigns, for any and all injuries suffered by me in the Three Trails Tractor ride. I attest that I have full knowledge of the risks involved in this event and am physically able and sufficiently trained to participate in the Three Trails Tractor ride. I give permission for the use of my name and picture in any broadcast, telecast, print, or other medial account of the Three Trails Tractor ride. I understand that I must be; 1) 16 years of age with a valid driver's license; 2) have liability insurance or join Three Trails Tractor Club to provide insurance for the event(s), 3) follow all traffic laws; 4) not consume alcoholic beverages during the event; 5) stay in assigned group (no passing); 6) post SMV sign (you must provide); 7) follow designated route; and 8) not allow unauthorized trailers, passengers, or cars.

Signature _____ Date _____

Parent/Guardian Signature is also required for participants under 18 _____

Signature of Parent or Guardian

Registration fee includes lunch for tractor/driver - \$35.00 Lunch guest - \$10.00 Total Enclosed: _____

(Send Registrations and Make checks payable to Three Trails Tractor Club)

**3007 N Elsea Smith Road
Buckner, MO 64016**

For additional information, please contact:

Dan Hanna, 816-686-9590
Jerry Lee, 816-255-7315