

**2018 KGLO Tractor Ride  
Driver Application  
June 24<sup>th</sup> – 25<sup>th</sup>, 2018**

Date: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

**PERSONAL INFORMATION**

(Please Print Clearly)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Physician's Name, City, & Phone Number: \_\_\_\_\_

Will you bring a support team (people not driving tractors)? \_\_\_\_\_yes \_\_\_\_\_no

How **YOUR** name is to appear on Name Tag: \_\_\_\_\_

T-Shirt Size: (Circle One)                  Large                  Extra Large                  XXL                  Other \_\_\_\_\_

*(Sizes XXL and larger will require an additional \$5 charge)*

Additional T-shirts may be purchased for \$10.00 each if you order now. We will have a some throughout the Tractor Ride, but the Price will be \$12.00. \_\_\_\_\_ # of shirts \_\_\_\_\_ sizes

*(Sizes XXL and larger will require an additional \$5 charge)*

**TRACTOR INFORMATION**

Tractor Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ **Preferred** Traveling Speed \_\_\_\_\_ MPH

**The Tractor Speed stated on this form will be used to determine group placement.  
Please test your Tractor Speed BEFORE choosing a traveling speed. Always estimate lower!**

- Please be advised that you will be required to travel with the group you are assigned.*
- You will be required to travel at the speed of your assigned group.*
- We will allow group re-assignment throughout the ride if needed.*

\_\_\_\_ YES, I will be registering a Second Driver.

NAME of second driver(s) \_\_\_\_\_

\_\_\_\_ YES, I am interested in being a: (Please check all that apply)

Group Leader     Group Cell Phone Carrier     Emergency Medical Contact     Sunday Volunteer

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors, administrators, waive any and 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 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 KGLO Radio 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 for the free use of my name and picture in any broadcast, telecast, or print media account of this event.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Signature required on back page also.**

## 2018 KGLO Tractor Ride

### Driver Safety Pledge

I, \_\_\_\_\_, hereby pledge to hold safety as the highest priority on the 2018 KGLO Tractor Ride. The safety of my fellow riders and the public traveling on the route is of the utmost importance. I pledge to obey the following rules:

- Hold a valid drivers license. We will check your license during registration. Please have your ready! People with invalid licenses will NOT be allowed on the Ride!
- Follow all traffic laws.
- Only use cell phones in case of emergency
- **Not** carry riders except on an approved buddy seat, and **never** split clutch and break operation.
- Always stay behind my group leader and in my assigned group.
- Maintain proper speed of the group
- Agree to move to a faster or slower group if asked by staff.
- Depart at my assigned group's designated time.
- Not pull campers or trailers. Small carts are permitted. 6 ft max (hitch to tail)
- Post SMV sign.
- Follow the designated route.
- Abide by the decisions of the Ride Management Team, based on the National Weather Service, in the event of inclement weather.
- Rearview mirrors are required.
- Good operating brakes are required.
- Drive on the shoulder as needed.
- No bicycle companions.

**I understand breaking these rules will result in the denial of all future applications. Repetitive violators will be asked to leave the ride per the Ride Management Team.**

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

To be an official registrant for the 2018 KGLO Tractor Ride, please complete and submit form. **Please only one registrant per form.** Participants are confirmed by postmark date. Please include **\*\*non-refundable\*\*** application fee of \$100.00 with form and make checks payable to KGLO Radio.

**Mail Application To:**

**KGLO Tractor Ride  
341 S Yorktown Pike  
Mason City, IA 50401  
641-423-1300**

**Fees Enclosed:**

- Ride Application: \$100.00 \_\_\_\_\_
- 2XL ↑ t-shirt extra \$5 Each \_\_\_\_\_
- Addl t-shirt each \$10/\$15 2XL ↑ \_\_\_\_\_
- **Total Amount Enclosed** \_\_\_\_\_

**Registration due May 18<sup>th</sup> to guarantee shirt  
Late registrations add \$10.00 late fee**

**Buddy Seat Information:**

All Buddy Seats must comply with the following requirements:

- Drive and rider must be on the same plane (rider may not be higher or lower than driver)
- The seat must have handrails and a backrest
- The rider's feet may not dangle; there must be a footrest
- Seats may not be on the fender
- All minors will wear restraint on tractor
- All buddy seats will be inspected at registration. Ride Management reserves the right to reject any buddy seat.

**PROOF OF INSURANCE & VALID  
DRIVERS LICENSE REQUIRED**

## 2018 KGLO Tractor Ride Second Driver Application

To Register a Second Driver, please fill out the following Registration Form. This will register a Second Driver or Support Person as an Official Registrant of the 2018 KGLO Tractor Ride. **A second tractor may not be used.** All Rules and Regulations apply to Second Driver applicant. Please note that this Registration Form should be sent with the Main Driver Registration if possible.

### SECOND DRIVER PERSONAL INFORMATION

(Please Print Clearly)

Your Lead Driver's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

How name is to appear on Name Tag: \_\_\_\_\_

T-Shirt Size: (Circle One)      Large      Extra Large      XXL      Other \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_

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**Mason City, IA 50401**  
**641-423-1300**

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