

Albert City Threshermen and Collectors Show

Antique Tractor Pull Registration Form

Name: _____

Address: _____

City, State, Zip: _____

Tractor Year: _____ Make: _____ Model: _____

Stock 3500 4000 4500 5000 5500 6000 6500 7000 7500 8500 9500 10500 11500

Open 3500 4000 4500 5000 5500 6000 6500 7000 7500 8500 9500 10500 11500

Tractor Year: _____ Make: _____ Model: _____

Stock 3500 4000 4500 5000 5500 6000 6500 7000 7500 8500 9500 10500 11500

Open 3500 4000 4500 5000 5500 6000 6500 7000 7500 8500 9500 10500 11500

Tractor Year: _____ Make: _____ Model: _____

Stock 3500 4000 4500 5000 5500 6000 6500 7000 7500 8500 9500 10500 11500

Open 3500 4000 4500 5000 5500 6000 6500 7000 7500 8500 9500 10500 11500

MEDICAL AND LIABILITY RELEASE:

I agree that Albert City Threshermen & Collectors Association are in no way responsible for accidents or injuries that might require medical attention, which may be incurred during the said tractor pull. I confirm that I am at least 18 years of age. I accept and assume full liability for any injury or loss to me or my property, agents or employees at any time and for any cause of the premises of the Albert City Threshermen & Collectors Association. I expressly release show management from any liability for such loss or injury and agree to provide and pay for my own insurance.

Signature: _____ Date: _____