



The Great Eastern Iowa Tractorcade 2024

Primary Driver Application
Ride Dates: June 9th-12th, 2024
(Only ONE Applicant per Form)



DRIVER INFORMATION

(Complete ALL information and print clearly)

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: Home _____ Work _____ Cell _____

Email address: _____

(DRIVER INFORMATION WILL BE SENT BY EMAIL ONLY)

Name as you would like it to appear on your NAME BADGE
(PLEASE PRINT CLEARLY)

Applications are confirmed by postmark or received date (when submitted in person). Please note that applications submitted either in person or by mail on the announcement date does not guarantee a spot on the ride. Please include **non-refundable** application fee of \$150.00 with form. (Application fee includes one t-shirt size S through XL). Applications which cannot be accepted because the available slots are filled will be held and placed on a waiting list in case of cancellations. Confirmation letters will be sent by email to accepted applicants within 4-6 weeks following the close of registration. **Mail Applications to Tractorcade – WMT Radio, 600 Old Marion Road NE, Cedar Rapids, IA 52402.** Applications by mail must be postmarked on or after the date of the route announcement. Applications submitted in person or postmarked prior to the announcement date will not be accepted.

Fees Enclosed: (Make check payable to WMT Radio 2024 Tractorcade)

Ride Application Fee..... \$ 150.00

***Buddy Bonus**(-\$50) and Name: _____

Applicant T-shirt Fee.....\$ _____

(See chart below - size XXL or XXXL)

Additional T-Shirt Fee.....\$ _____

(See chart below)

TOTAL AMOUNT ENCLOSED \$ _____

***Buddy Bonus = New Driver Referred AND Registered**

FOR OFFICE USE ONLY

Date Received _____

Taken By _____

Check # _____

Amount _____

Remitter _____

Applicant _____

T-SHIRT INFORMATION

Applicant T-Shirt: (no additional charge) ___ Small ___ Medium ___ Large ___ XL

Applicant T-Shirt: (\$5 additional charge) ___ XXL ___ XXXL

Additional T-Shirt: (\$10 each) ___ Small ___ Medium ___ Large ___ XL

Additional T-Shirt: (\$15 each) ___ XXL ___ XXXL

Have you been a PRIMARY DRIVER on The Great Eastern Iowa Tractorcade in the past?

___ Yes ___ No ___ 1st Time Driver

If YES, How many years? _____ (2024 will be the 25th year of Tractorcade)

Will you have a SECOND DRIVER(s)? ___ Yes ___ No (If YES, Secondary Driver applications, including fee, MUST be completed by each SECONDARY DRIVER)

If yes, what is First and Last Name of Secondary Driver _____

Will you use a BUDDY SEAT? ___ Yes ___ No (If yes, BUDDY SEAT APPLICATION MUST be submitted and approved even if you have used same buddy seat in past rides)

Will you bring a support team (people not driving tractor)? ___ Yes ___ No

MEDICAL AND EMERGENCY CONTACT INFORMATION

(Complete ALL information and print clearly)

Physician's Name & Phone # and any medical issues we should know about: _____

In case of emergency, please notify: Name _____ Phone _____

TRACTOR INFORMATION

Tractor Make _____ Model _____ Year _____

What type of fuel does your tractor require? ___ Gas ___ LP ___ Diesel ___ Other

Preferred traveling speed - Tractor speed is used to determine group placement. CHOOSE WHICH GROUP YOU WOULD LIKE TO BE IN CAREFULLY! You need to be able to maintain this speed at ALL TIMES. Please indicate first (1st) choice and second (2nd) choice for group preference. We will do our best to accommodate your choice.

___ Group 1 – 10mph

___ Group 2 – 11mph

___ Group 3 – 11mph

___ Group 4 – 11mph

___ Group 5 – 13mph

___ Group 6 – 14+mph

If several drivers want to travel in the same group, please CHOOSE ONE NAME that ALL MEMBERS of the group will put in this blank: _____

(Please print clearly and include first & last name)

DO YOU PLAN TO EAT MEALS ALONG THE ROUTE?

___ Yes/Maybe ___ No

If yes/maybe, please indicate the number of people you're expecting to eat with you including yourself (for example support drivers or family members, do not include other drivers) next to each meal you will attend. This number is NOT binding it is just a chance for us to get an estimated number of people for each meal.

SUNDAY

_____ **Lunch**

_____ **Dinner**

MONDAY

_____ **Lunch**

TUESDAY

_____ **Lunch**

WEDNESDAY

_____ **Lunch**

PRIMARY DRIVER SAFETY PLEDGE AND RELEASE

I, _____, hereby pledge to hold safety as the highest priority on The Great Eastern Iowa Tractorcade 2024. 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:

- To hold a valid driver's license (We WILL check your license during registration).
- To follow all traffic laws.
- To not carry riders except in an approved buddy seat.
- To stay with my assigned group.
- To depart during my assigned group's designated time.
- To not have bicycle companions.
- To not pull campers or trailers. Small carts permitted. 6ft max (hitch to tail) LENGTH LIMIT WILL BE ENFORCED.
- To post SMV sign.
- To follow designated route.
- To abide by the decisions of the Ride Management Team based on the National Weather Service, in the event of inclement weather.
- To utilize a rearview mirror when possible.
- To stay on my tractor at all times until we have reached our destination, even if tractors come to a complete stop on the road.
- REVIEW MIRRORS ARE REQUIRED.
- I understand violating 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.

I, for myself and my personal representatives, heirs, successors, and assigns, in consideration for being involved in Tractorcade ("event"), hereby hold harmless, release, indemnify and discharge from liability WMT Radio, iHeartMEDIA, its stations, parents, subsidiaries, affiliates, agents, employees, contractors, sponsors, officials and volunteers associated with this event (the "released parties") from all liability, claims, judgments, demands, controversies, agreements, damages, actions, and causes of action whatsoever, arising out of or in any way related to my participation in the event or any related activities whether in law or equity, no matter what the cause or nature, and I further waive any claim that I might state or assert against any of the released parties which I have or may have at any time arising out of my association with, travel to or from, or participation in the event, or in any other way related to or resulting from the event. I acknowledge 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 WMT 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 pictures in any broadcast, telecast, or print media account of this event.

Signature _____

Date _____

Are you interested in being a (please check all that apply):

_____ **Group Leader** _____ **Emergency Medical Contact** _____ **Sunday Volunteer**