



## PINE TREE MINI TRACTOR PULLERS, INC. MEMBERSHIP AND INSURANCE APPLICATION

**IMPORTANT NOTICE AND INSTRUCTIONS:**

1. Drivers 18 and over cannot be on a policy with parents or guardians
2. The reverse side of this form **MUST** be properly completed and signed by the **APPLICANT**.
3. You should have a witness sign on the appropriate line (signature and date)
4. Your payment must accompany this form
5. Please type or print information requested below

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL SUFFIX

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Renewal members please list tractor number and check the applicable type. You will continue to pull under this tractor number unless you have a new tractor. Please list all tractor numbers if you own multiple tractors. New members please check the type of tractor, a number will be assigned to the tractor by MSTTPA.

MEMBERSHIP TYPE  INDIVIDUAL (\$15.00)  FAMILY\* \$25.00 \$ \_\_\_\_\_

TRACTOR NUMBER	TRACTOR NAME/TYPE					
_____	<input type="checkbox"/> GARDEN (\$20)	<input type="checkbox"/> NON-AUTO (\$40)	<input type="checkbox"/> 4 CYL (\$40)	<input type="checkbox"/> V8 (\$40)	\$	_____
_____	<input type="checkbox"/> GARDEN (\$20)	<input type="checkbox"/> NON-AUTO (\$40)	<input type="checkbox"/> 4 CYL (\$40)	<input type="checkbox"/> V8 (\$40)	\$	_____
_____	<input type="checkbox"/> GARDEN (\$20)	<input type="checkbox"/> NON-AUTO (\$40)	<input type="checkbox"/> 4 CYL (\$40)	<input type="checkbox"/> V8 (\$40)	\$	_____
<b>TOTAL \$</b>						_____

\*Please list names of all family members covered by this membership.

\_\_\_\_\_  
 \_\_\_\_\_

PINE TREE MINI TRACTOR PULLERS

**Waiver of Liability**

I know and understand the risks and danger to myself, my family, and my property while participating or assisting in a tractor pulling event sponsored by Pine Tree Mini Tractor Puller's, Inc., and I do so voluntarily upon my own judgment and ability, and I thereby assume all risk for loss, damage or injury (including death) to myself, my family and my property from any cause whatsoever whether or not attributable to the negligence of others.

I have completely read the above statement and understand its implications.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness

**Minor's Release**

If under the age of 21 in the state of residence this must bear the signature of a parent (natural guardian) or legal guardian, said signature shall acknowledge a waiver and release of any and all claims such parent or legal guardian may have. Said person declares by his/her signature that he/she has read the foregoing waiver agreement executed by the minor and he/she accepts the same in full on behalf of the minor, him/herself and the minor's heirs.

I hereby agree to the terms of the Waiver of Liability as stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Witness