



**5<sup>th</sup> Annual Harold King Memorial  
Tractor Ride  
Additional Rider Registration  
Saturday, June 5, 2021**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Total Fee (Crew Use Only): \_\_\_\_\_

Flashlight Qty: \_\_\_\_\_ (\$10 per extra light)

Only one registration per form. Registration Fee \$15.00, this includes (1) lunch and (1) Flashlight. Checks can be made to Harold King Family Memorial.

**\*\*\* Email [hkmemorialride@gmail.com](mailto:hkmemorialride@gmail.com) with any questions. \*\*\***

**Safety Rules & Information:**

- Registration starts at 8:00am with ride to begin **promptly at 8:30am** - *following a driver meeting & prayer.*
- Abide by **ALL** decisions, rules, & regulations of the tractor ride management team in weather and non-weather-based emergencies. Weather based emergencies will be based on information from the National Weather Service in the event of inclement weather.
- All additional riders **MUST** stay seated at all times while the trailer is in motion.
- Abide by the rules of what the tractor driver/management team says.
- PLEASE use common sense and common courtesy when riding on this ride.
- **There will NOT be a rain date for this year's ride.**

**In the event of inclement weather** (Circle one):

**Option 1)** I opt to donate my registration fee to the Memorial Fund for future use for charity.

-- OR --

**Option 2)** I would like my check to be voided and shredded.

I also understand that the memorial ride team or anyone affiliated with the ride team and/or family members **WILL NOT** be held liable for any damage(s), breakdowns, injuries, or death(s) on this ride, and I hereby release the persons stated above from any and all liabilities. I understand **ALL** of the ride rules, and I also understand that the ride team reserves the right to refuse entry to anyone, and/or ask participants to leave in the event of misconduct.

**I agree to the terms/conditions/rules listed above (Circle): Yes or No**

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

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

**Please send preregistration and payment to:**

**Kirk Langner**

**ATTN: Harold King Memorial Ride.**

**P.O. Box 496, Schaller, Iowa, 51053**