

## **The Great Eastern Iowa Tractorcade 2026**

EARLY BIRD Secondary Driver Application Ride Dates: June 14th-17th, 2026 (Only ONE Secondary Driver Per Form)



## **SECONDARY DRIVER INFORMATION**

(Complete ALL information and PRINT CLEARLY)

•	me:		
ldress:			
ty:	County:	State:	Zip Code:
ione:	Email:		
Emergency Contact: Name:		Phone:	
nysician's Name / I	Phone AND any medical issue	s we should know al	oout:
	(DRIVER INFORMATION WILL	BE SENT BY EMAIL (	ONLY)
Nan	ne as you would like it to ap	pear on your NAMI	E BADGE:
(PLEASE	PRINT CLEARLY, name ba	dges cannot be c	hanged later)
	ed by postmark or received date	•	
dable application fo	ee of \$70.00 with form. <mark>(Applica</mark>	tion fee includes one	t-shirt size S through XL).
<u>dable</u> application fo rmation letters will b ration. <b>Mail Applic</b> a	ee of \$70.00 with form. <mark>(Applica</mark> be sent by email to accepted ap ations to Tractorcade – KXEL N	i <mark>tion fee includes one</mark> pplicants within 4-6 w I <b>RG Media, LLC 106</b> 5	t-shirt size S through XL). eeks following the close of N. Center Point Rd., Hiav
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## SECONDARY DRIVER SAFETY PLEDGE AND RELEASE

I, \_\_\_\_\_\_, hereby pledge to hold safety as the highest priority on The Great Eastern Iowa Tractorcade 2025. 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 KXEL and/or the Ride Management Team based on the National Weather Service, in the event of inclement weather.
- To utilize a rearview mirror when possible. REVIEW MIRRORS ARE REQUIRED.
- 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.
- 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 NRG Media, LLC, its stations, including KXEL, members, 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 and understanding of the risks involved in this event, including the physical demands. I affirm I am physically able and sufficiently trained to participate in this event and I freely accept any and all risks associated with my participation and this event. I affirm that the tractor I will use is in good repair and sufficient working order to participate in this event. I acknowledge and understand the risks to the tractor and freely accept those risks. I understand KXEL reserves the right to reject any application at any time for any reason. I consent to the use of my name, voice, image, or likeness without compensation in all media for news reporting, publicity and advertising in perpetuity.

Signature:	Date:	
Are you interested in being a (please check all that apply):	FOR OFFICE USE ONLY:	
	Date Received:	
Emergency Medical Contact:	Taken by:	
Sunday Volunteer:	Taken by:Check Number:	
	Amount:	
	Remitter:	
	Applicant:	