

# Lambton Branch Entry Form

Match Date: August 30, 2025

Pre Register -- return to branch secretary at: lambtoncountyplovmens@gmail.com  
**by Aug 28<sup>th</sup> or at registration desk day of match**

Entry Fee -- \$20.00 to be deducted from winnings

Class: \_\_\_\_\_ Lot # \_\_\_\_\_

Competitor: \_\_\_\_\_

Full Mailing \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I would prefer to receive  
information on Future events by:                      Email                      Canada Post

Make, Model & Age of Tractor (Antique only) \_\_\_\_\_

I hereby certify that I have at least \$2 million liability insurance coverage extended to cover my participation at the Lambton County Plowing Match.

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

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

I understand that as a participant photos of me may be taken at the event and used for promotional purposes including print, digital and social media.                      Initials \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Waiver must be signed prior to plowing (This needs to only be done once)\*\***

**\*\*Proof Of Insurance Must Be Shown Prior to Plowing\*\***

**For Admin Use Only**

Insurance	Waiver	Full Address	Breakfast	Lunch	Banquet	Extra Banquet Tickets
				One Only		



## 2025 PLOWING COMPETITIONS

### Waiver, Indemnification and Release of Liability

I, \_\_\_\_\_, am aware that there are significant risks involved in participating as a plowing competitor. These risks include, but are not limited to: falls, strains, sprains, hidden and unforeseen natural dangers, extreme weather conditions or loss as a result of equipment failure or improper use thereof. I am aware that any of these above mentioned risks may result in damage to my equipment, serious personal injury, or death. I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any loss which I may suffer as a result of my voluntary participation in this activity.

I hereby release the Ontario Plowmen's Association, the International Plowing Match and Rural Expo and all Ontario Branch Plowmen's Associations, their principals, agents, employees, directors, members and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees.

I agree to indemnify the parties named herein for any liability relating to injury, death or damage to property caused by my negligent or intentional act or omission.

I have read and understand the foregoing Waiver, Indemnification and Release of Liability.

#### Name and Address of Participant (please print):

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Signature of Participant:

\_\_\_\_\_ Date: \_\_\_\_ D/ \_\_\_\_ M/ \_\_\_\_ Y

#### Signature of Witness:

\_\_\_\_\_ Date: \_\_\_\_ D/ \_\_\_\_ M/ \_\_\_\_ Y

Print Name of Witness: \_\_\_\_\_

If the participant is under the age of 18:

#### Signature of Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_ D/ \_\_\_\_ M/ \_\_\_\_ Y

Print Name of Parent/Guardian: \_\_\_\_\_