



**Out-Of-Field Challenge @ the IPM  
September 21, 2019 – West Nipissing – Verner, Ontario**



**PLOWING ENTRY FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**\*\*\*RULES & REGULATIONS BOOK\*\*\***

The Rules & Regulations Book lists rules for the 2019 International Plowing Match & Rural Expo.

**INSURANCE**

Please enclose a copy of your certificate of insurance, signed by a company representative and showing \$2 million liability coverage, expiry date and the Ontario Plowmen's Association named as an additional insured.

If you are borrowing equipment for the competition, please provide the following:

Name of Owner: \_\_\_\_\_ Phone # of Owner: \_\_\_\_\_

**\*\*Mandatory: Please send in a Certificate of Insurance with your entry form.**

**PRIVACY WAIVER**

The OPA maintains a database of participants annually in order to keep all interested individuals up to date on activities of the OPA and the IPM including Matches, special events, programs, services and the delivery of prize money. Photos taken at OPA and IPM events may be used to promote OPA, IPM and other special events through the OPA website and other promotional materials.

By participating in this event you are consenting to allow your name, town, placing and points to be listed on the website. This information will not be sold or made available outside of the OPA. For further information or to have specific names removed from our database, please contact our Privacy Compliance Officer via the information above or at [events@plowingmatch.org](mailto:events@plowingmatch.org).

I \_\_\_\_\_ hereby give permission to allow the OPA to maintain my/my son's/my daughter's contact information within their internal database and to publish photos of myself/my son/my daughter along with a listing of points earned at the Match.

\_\_\_\_\_  
Signature of Competitor or Parent/Guardian

\_\_\_\_\_  
Date

If Competitor is under 18 years of age

**Please email your registration form and proof of insurance to [Marshals@quadro.net](mailto:Marshals@quadro.net) by 5 p.m. on September 12, 2019.**