



2025 OTTPA APPLICATION

VEHICLE REGISTRATION / COMPETITION LICENSE / INSURANCE

(Please print clearly)

I. APPLICANT:

Name _____ Date of Birth _____ SS# _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell _____ Business _____

Email Address (print clearly & legibly) _____

All Checks are to be issued to: Name _____

Number (this number will appear on your card & 1099) _____ FED ID _____ SS# _____

Participate in OTTPA Young Gun Program (Must be 16-21 years old)

* Special release forms are required for minors under the age of 18 years, the parents or legal guardians will have to sign a minor release waiver form for the 2025 season. Minor release forms are available from the OTTPA entry office. Minimum age is 16 years old.

II. COMPETITION LICENSE

A separate application is required for each driver.

A per-day competition license will be available to be purchased at any OTTPA sanctioned event for one hundred (\$100) dollars per day from the entry office.

COMPETITION LICENSE FEES:	Fee postmarked by Dec. 15, 2024	Fee postmarked by Feb. 1, 2025	Fee postmarked after Feb. 1, 2025
OTTPA:	\$425	\$500	\$575

Competition License Fee Enclosed: \$ _____

III. VEHICLE REGISTRATION

Class: _____ Chassis/Make/Year/Model: _____

Engine/Model: _____ Vehicle Name: _____

Vehicle Registration Fee: \$170

Heartland State Level: \$85

Vehicle Registration Fee Enclosed: \$ _____

IV. INSURANCE (MANDATORY)

When competing at an OTTPA sanctioned event with an OTTPA Competition License & OTTPA Promoter Insurance the following coverages are in effect:

EXCESS MEDICAL - \$250,000

ACCIDENTAL DEATH & DISMEMBERMENT - \$25,000

Beneficiary:

Primary _____ Secondary _____

LIABILITY

Promoter Event Insurance - \$10,000,000

Membership Insurance - \$10,000,000

Competitor Insurance Fee:	By Dec. 15, 2024	By Feb. 1, 2025	After Feb. 1, 2025
	\$150	\$170	\$190

Insurance Fee Enclosed: \$ _____

V. FEES

Competition License \$ _____

Vehicle Registration \$ _____

Competitor Insurance \$ _____

Total Payment Enclosed \$ _____

**Make checks payable to OTTPA and mail to: OTTPA
P.O. Box 163
Paton, IA 50217**

This form MUST be filled out completely and signed to be valid.

AGREEMENT OF RELEASE

1. HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT SUE OTTPA AS AN ASSOCIATION , INCLUDING ALL ITS CORPORATE ELECTED AND APPOINTED OFFICIALS, ALL MEMBERS OF COMMITTEES, REFEREES AND INSPECTORS, ITS INDIVIDUAL MEMBERS, ITS MEMBER CLUBS, AGENCIES OF GOVERNMENT WHICH CONTROL ESSENTIAL EVENT SITES, FINANCIERS AND FIRMS WHICH RENDER ESSENTIAL GRATIS, INCLUDING ALL OFFICERS, AGENTS AND EMPLOYEES OF THE FOREGOING AND VOLUNTEER WORKERS ASSISTING IN SANCTIONED OTTPA EVENT ACTIVITIES, ALL HEREINAFTER REFERRED TO AS “Releasees” from or for any and all liability to me, my personal representatives, heirs, next to kin, successors and assigns, for all loss or damage for bodily injury, or death or damage to property of the undersigned which in any way grows out of or results from any OTTPA event activity or part thereof, during the actual sanction period and whether any such claim may be based upon alleged breach of any statutory duty or obligation; and
2. HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from and loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating, observing, or working for, or for any purpose participating in the event and whether caused by the negligence of the releasees or otherwise.
3. HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in or upon the restricted area, and/or while competing, officiating, observing, or working for or for any purpose participating in the event.
4. EXPRESSLY ACKNOWLEDGES AND AGREES THAT THE ACTIVITIES OF THE EVENT ARE VERY DANGEROUS AND INVOLVE THE RISK OF SERIOUS INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE, THE UNDERSIGNED further expressly agrees that the foregoing Release Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

In consideration of being granted an OTTPA license, I have read the agreement of release on the bottom of this application and have signed the Release and Waiver of Liability and Indemnity for all OTTPA events.

In consideration of the OTTPA Promotional efforts on behalf of the sport, I hereby assign all commercial pictures and broadcast right to the OTTPA.

Applicant’s Signature: _____ Date: _____



**2025 OTTPA
WARRANT OF CLUTCH, FLYWHEEL, & BELLHOUSING COMPONENTS**

(Please print clearly)

I, _____

(Name of owner or driver)

(Street address)

(City, State, & Zip Code)

The Undersigned Guarantee that my competition vehicle, described as follows

(Year, Type, or Model)

(Vehicle Name)

is currently equipped and will be continually equipped with all clutch assembly, flywheel, and bellhousing components, that are equal to or exceed the minimum safety requirements as defined in the 2025 OTTPA rulebook, while participating in any OTTPA sanctioned events. Bellhousing has to have SFI certification sticker required according to USPA/Outlaw Rulebook and has no modifications to bellhousing and liner cannot have any cracks or explosion inside. Must have liner. The flywheel, clutch, and pressure plate components on competition vehicle must be made of steel, aluminum, or ductile iron. Positively no gray cast iron allowed. This guarantee of compliance with all clutch, flywheel, and bellhousing components.

Signature of Owner or Driver Date

State of _____

County of _____

Signed in my presence and sworn before me this _____ day of _____ 20____.

_____ Notary Public

_____ Expiration

2025 OTTPA PULLER PROFILE

Please fill this out and return. This information will be used for different purposes: announcer information, secretary and treasurer information, internet information, T-shirts, and souvenir book. **Mail to address listed below.**

Return To: **OTTPA**
P.O. Box 163
Paton, IA 50217

(ATTN: If you have more than one vehicle entered, make a copy for each vehicle.) _____ If you have an updated picture that you would like in the 2025 program please send it to our team. Preferably an in action and sent digitally by email to: susan@outlawpulling.com

Name (print): _____ Birthday: _____ Age: _____

Address: _____

Spouse: _____ Children: _____

Occupation: _____

Pulling Class: _____ Vehicle Name: _____

Make and Model: _____

Pulling Since: _____ Early Pulling Influence: _____

Favorite Pulling Event: _____

Favorite Highlight of pulling career _____

Pit Crew Members: _____

List year and awards from any associations: points champion, rookie of the year, puller of the year, etc.

List year and class if you have won at any of these events:

National Farm Show (Louisville, KY) _____ Wisner, NE _____

Rock Valley, IA _____ Ravenna, NE _____

Whitewright, TX _____ South Dakota State Fair _____

Missouri State Fair _____ Iowa State Fair _____

Nebraska State Fair _____ Kansas State Fair _____