



Performance Instruction & Training (PIT)
 156 Byers Creek Road
 Mooresville, NC 28117
 T (704) 799-3869 / F (704) 799-3871
 www.visitPIT.com

PIT CREW U (PCU) APPLICATION

PERSONAL INFORMATION

The information provided in this form is for demographic information related to the participation in Pit Instruction and Training, LLC (PIT) programs. Completion of this form does not suggest or constitute application for or employment by PIT or any of its owners, agents, or affiliates.

Today's Date ____ / ____ / ____ Desired PCU Class _____

PCU Class Start Date ____ / ____ / ____ PCU Class End Date ____ / ____ / ____

Name _____
 Last First Middle Maiden

Address _____
 Number Street City State Zip

Date of Birth ____ / ____ / ____ Sex M F

Home Phone () _____ Work Phone () _____

Mobile Phone () _____ Email _____

T-Shirt Size: S ___ M ___ L ___ XL ___ XXL ___ 3XL ___

Driver's License # _____ State _____ Expires ____ / ____ / ____

Type ___ Operator ___ CDL ___ Chauffer

How did you learn about PIT? _____

EMERGENCY CONTACTS

Name _____	Name _____
Home _____	Home _____
Work _____	Work _____
Mobile _____	Mobile _____

MEDIA INFORMATION

Hometown / Birth town: City _____ State _____

Hometown Newspaper: Name _____



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City _____ State _____

PERSONAL INFORMATION (CONTINUED)

EDUCATIONAL BACKGROUND

High School:
(Most Recent)

Name _____

City _____ State _____

Year of Graduation _____

College:
(Most Recent)

Name _____

City _____ State _____

Year of Graduation _____



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HIPAA CONSENT

HIPAA is the Health Insurance Portability and Accountability Act. This form summarizes important information regarding Pit Instruction and Training, LLC health care services and provides your written consent for treatment/care by Pit Instruction and Training, LLC health care providers and your consent to health care providers to use and disclose your protected health information for treatment, payment for services, and health care operations.

SERVICES OFFERED

Pit Instruction and Training, LLC may provide a variety of services related to the care, prevention and rehabilitation of injuries incurred by program participants. Physicians, licensed athletic trainers, physical therapists, massage therapists and other health care providers may provide services at Pit Instruction and Training, LLC facilities. The health care providers will determine if the care needed involves resources or competencies beyond the scope of available services, and will provide the appropriate referral, documentation, and follow-up.

CONFIDENTIALITY

Your medical records on file at Pit Instruction and Training, LLC are treated as confidential records and will only be released pursuant to your authorization or as otherwise permitted or required by law.

PARTICIPANT RESPONSIBILITIES

Program participants are expected to honestly answer the PAR-Q, Health History, and related questionnaires and provide a full and accurate medical history to the health care providers at the time of the assessment for participation in Pit Instruction and Training, LLC programs.

Passing the assessment does not mean that the program participant is physically qualified to engage in activity but only that the examiner did not find a disqualifying medical condition. The program participant has a continuing responsibility to report all injuries or illnesses immediately to the Pit Instruction and Training, LLC health care providers and to follow the physicians, licensed athletic trainers, physical therapists, massage therapists and other health care providers instructions concerning the prevention, treatment, and rehabilitation of injuries.

CONSENT FOR TREATMENT/CARE

I have read the above material regarding rights and responsibilities of the program participant as it relates to Pit Instruction and Training, LLC. I understand its provisions, and agree to receive services under the above conditions and I consent to treatment/care, as determined to be necessary by the physicians, licensed athletic trainers, physical therapists, massage therapists and other health care providers.

CONSENT FOR USE AND RELEASE OF INFORMATION

I give permission to Pit Instruction and Training, LLC affiliated health care providers to release any information about me, my health, the health services provided to me, or payment for my health services which may be necessary; 1) For my treatment – to any physician, or other health care providers or facilities which need the information for my continued care; I further authorize Pit Instruction and Training, LLC health care providers and consulting physicians to hospitalize and secure treatment for me for any athletic injuries, 2) For payment purposes – to determine whether I am eligible for insurance coverage and if this treatment/care is authorized for payment by my insurance. This information may also be used to process an insurance claim, for billing and for collection purposes, 3) For Pit Instruction and Training, LLC affiliated health care providers to operate its business more efficiently, and to assess and improve the quality of its health care.

Signature

____/____/____
Date

Print Name



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ASSUMPTION OF RISK and LIABILITY RELEASE

This exculpatory and assumption of risk agreement, release of liability and covenant not to sue is a legal document. It is referred to as "the Agreement". The parties to the Agreement are on one hand, myself, my heirs, my personal representatives and all others who may claim by or through me at any time including ant representative(s) of my Estate and, on the other hand, Pit Instruction and Training, LLC (herein after collectively referred to as "PIT"), and any employee, agent, representative, instructor, shareholder, officer, director, subsidiary, affiliate, parent company, successor or assignee of PIT. I agree that my Initials and signature, where indicated in the Agreement, is my binding agreement to and acceptance of the provisions of the Agreement. I will not sign or initial any part of this document unless I fully understand and agree to be bound by its contents.

INITIALS _____

VOLUNTARY CHOICE

I desire to participate in PIT programs and activities and have come to participate in PIT programs and activities of my own free will and not due to any inducement or duress whatsoever. I understand that part of the required consideration for being allowed to participate in PIT programs and activities is my execution of all the provisions of the Agreement.

INITIALS _____

NATURE OF SPORT AND ASSUMPTION OF ALL ASSOCIATED RISKS

I understand that PIT programs and activities and all its attendant activities is a hazardous, dangerous, calculated risk activity that can result in serious, permanent injury, disability or death to its participants. I understand that I can be injured or killed, even if I do everything as I was instructed to do. I am accepting these and all other accompanying risks in order to be allowed to participate in PIT programs and activities of my own free will and with full understanding of the possible consequences and potential dangers, and without inducements, promises or statements other than those contained in the Agreement. I hereby personally assume all risks of any nature for any death, injury or other damages to myself, my property or the property of others which may in anyway, whether foreseeable or not, arise out of my participation in PIT programs and activities or my use of any and all accompanying facilities and equipment, and / or from the actions – specifically including negligent acts or omissions – of all persons involved either directly or indirectly in this activity. I know and fully appreciate that PIT programs and activities expose me to risk of serious personal injury and death and I fully appreciate these dangers and voluntarily assume these risks.

INITIALS _____

RELEASE AND WAIVER OF ALL CLAIMS

I, for myself, my heirs, executors, representatives, assigns, successors, administrators and anyone else claiming by or through me, hereby expressly release, discharge, indemnify, hold harmless from and waive any and all claims (including but not limited to claims for property damage, personal injury, and death) whether foreseeable or not – arising from negligence carelessness, gross negligence, willful and wanton conduct, strict liability, or otherwise which I may presently or at anytime in the future possess against anyone associated with these activities including, but not limited to PIT, any employee, agent, representative, shareholder, officer, director, subsidiary, affiliate, parent company, successor, contractor or assignee of PIT, participants, owners and lessees of the premises and facilities and equipment used in connection here within (all of whom are hereinafter referred to as the "Released Parties") that are involved with or may have any connection, presently or in the future, with my participation in PIT programs and activities. This Release and Waiver is meant to and shall apply to any and all claims, causes of actions, demands, or sums of money that I may have or be entitled to from any Released Parties as a consequence of any type of damage (whether personal or property), loss, death or injury I, or my heirs, representatives, or anyone claiming by or through me has or may in the future have as a consequence of my PIT programs and activities that in any way involve the Released Parties, and regardless of whether the claim, cause of action or demand is grounded in negligence, tort, contract or any other legal basis for the recovery other than intentional conduct specifically intended to injure me.

INITIALS _____



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ASSUMPTION OF RISK and LIABILITY RELEASE (CONTINUED)

COVENANT NOT TO SUE

I agree never to institute any lawsuit or action at law or otherwise against any of the Released Parties, nor to initiate or assist in the prosecution of any claim or cause of action for damages or injury, that I, my heirs, assigns, representatives, successors or administrators may have either now or at anytime in the future by reason of any loss or injury (including death) to my person or property arising from the activities contemplated by or in the Agreement. In the event of a breach of the Agreement by me, my heirs, my estate or anyone acting on my behalf or through me, I agree and warrant that I will be liable to pay each of the Released Parties their actual attorneys fees, court costs, and other expenses caused by such breach.

INITIALS _____

CONDITION OF HEALTH

I hereby state and represent that I am in good physical and mental health and am able to withstand the physical and mental stresses inherent in the activities contemplated by the Agreement. I further state and affirm that I am unaware of any health related problem that may affect my ability to participate, if I so chose, in the activities contemplated by the Agreement. I further state and affirm that I am not presently taking drugs, prescriptions or otherwise, including controlled substances. I hereby state and affirm that I will not use alcohol, controlled substances, or other drug, prescriptive or otherwise, prior to or during the activities contemplated by the Agreement at any time.

INITIALS _____

TRAINING

I agree that I will not participate in PIT programs and activities unless I have no reservations about such activities and that if I feel, at any time, that I am not qualified or able to participate, regardless of the extent of my training or the application of that training, I will not do so. I affirm and agree that each and every time I participate in the events and activities contemplated by the Agreement, said participation is the sole and conclusive proof that my ability and training were adequate for the risks involved.

INITIALS _____

LEGAL AGE TO CONTRACT

I hereby state that I am of lawful age (18 years of age or older) and legally competent to execute the Agreement and further understand that the terms contained herein are contractual in nature, and not a mere recital and that I have executed the Agreement of my own free will.

INITIALS _____

CONTINUATION OF OBLIGATION

I hereby agree and acknowledge that all the terms and conditions of the Agreement shall continue in full force and effect now and in the future at all times during which I participate either directly or indirectly in PIT programs and activities or while associated with any of the Released Parties, and all the terms of the Agreement shall be binding upon my heirs, assigns, representatives, successors and administrators of my estate.

INITIALS _____

VALIDITY AND ENFORCEABILITY

This is a legally binding contract. If any provision, clause, or portion of the Agreement is illegal or unenforceable, I agree that such determination shall not affect the validity and enforceability of the remaining provisions hereof all of which shall remain in full and effect. I further agree that the proper venue and jurisdiction for enforcement of the Agreement shall be in the State of North Carolina.

INITIALS _____



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ASSUMPTION OF RISK and LIABILITY RELEASE (CONTINUED)

ADMINISTRATION

I agree that during and after the term hereof, at the reasonable request of PIT and without further consideration, I will provide information and data and execute and deliver such other documents or take other actions as reasonably may be required to carry out in all respects the Agreement and provisions contemplated herein.

INITIALS _____

I have carefully read the Agreement in its entirety, without any time constraints being placed upon me and fully understand and agree to be bound by its contents. I am aware that by signing the Agreement I am giving up important legal rights and it is my intention to do so freely and without coercion or duress of any type.

Signature

____ / ____ / ____
Date

Print Name



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PARENTAL CONSENT FOR A MINOR

I / we know of, and acknowledge that my child/ward knows of, the risks involved in the participation of programs and activities and all its attendant activities, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in these activities.

With full under-standing of the risks involved, I / we release hereby expressly release, discharge, indemnify, hold harmless from and waive any and all claims (including but not limited to claims for property damage, personal injury, and death) whether foreseeable or not – arising from negligence carelessness, gross negligence, willful and wanton conduct, strict liability, or otherwise which I may presently or at anytime in the future possess against anyone associated with these activities including, but not limited to PIT, any employee, agent, representative, shareholder, officer, director, subsidiary, affiliate, parent company, successor, contractor or assignee of PIT, participants, owners and lessees of the premises and facilities and equipment used in connection here within (all of whom are hereinafter referred to as the "Released Parties") that are involved with or may have any connection, presently or in the future, with my participation in PIT programs and activities.

I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of PIT. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary.

I / we consent to the disclosure, by PIT upon its request, of all records relevant to his / her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I / we grant the released parties the right to photograph and / or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

I / we understand that the authorizations and rights granted herein are voluntary and that I / we may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I / we understand that my / our child / ward will no longer be eligible for participation in PIT activities.

Please complete the following with the appropriate response:

___ My / our child / ward is covered under our family health insurance plan.

Company: _____

Policy Number: _____

I / WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

_____/_____/_____
Signature of Parent / Guardian Date

Print Name



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SUBSTANCE ABUSE POLICY

PURPOSE

It is the goal of Pit Instruction and Training, LLC to assure a safe work environment for its contractors and employees and provide quality service for its program participants and customers. To help Pit Instruction and Training, LLC attain these goals, a drug and alcohol-free workplace is necessary.

STATEMENT

Pit Instruction and Training, LLC policy regarding alcohol and other drugs requires compliance with the following rules:

1. The use, possession, solicitation for, or sale of, narcotics or other illegal drugs, alcohol or prescription medication without a prescription, on employer or client premises or while performing an assignment is prohibited.
2. Impairment or being under the influence of legal or illegal drugs or alcohol, on employer or client customer premises or while performing an assignment, is prohibited.
3. The use, possession, solicitation for, or sale of legal or illegal drugs or alcohol off the employer or client customer premises that adversely affects the employee's work performance, his or her own or others safety at the workplace of the employer or client company's reputation is prohibited.
4. The distribution or use of controlled substances or illegal drugs at company or customer sponsored functions is prohibited.

Having a measurable presence of any controlled substance or alcohol in the body while at work is prohibited.

Violation of any of the above stated five rules will result in disciplinary action up to and including discharge.

USE OF CONTROLLED SUBSTANCES AS MEDICATION

Although we recognize contractors and employees may be able to report to work while taking medications prescribed by a physician, contractors and employees are expected to discuss the potential side effects of prescribed medication with the prescribing physician. Any question regarding the medication's effect on the safe and efficient performance of assigned duties must be discussed with Pit Instruction and Training, LLC staff prior to reporting to work.

Contractors and employees must keep all prescribed medicine in its original container, which identifies the drug, date of prescription and prescribing doctor.

DRUG TESTING

Some of our customers require pre-employment drug screening for all contractors and employees placed on assignment at their facility. Contractors and employees will be required to meet the pre-employment drug-screening test before placement with such a customer. Pit Instruction and Training, LLC will require an employee on assignment at a customer's location to abide by drug or alcohol testing requirements.

Pit Instruction and Training, LLC requires pre-employment drug screening for all contractors and employees placed on driving assignments. An employee may be required to submit to alcohol or controlled substances testing whenever there is reason to believe an employee is using drugs or abusing alcohol in violation of the employer's or client customer's controlled substances policies.

Additionally, supervisor may request contractors and employees to submit to drug or alcohol testing in connection with a safety investigation, or for random testing. In the event that the Pit Instruction and Training, LLC Substance Abuse Policy is in contrast with a customer's policy, the more stringent policy shall apply.

REASONABLE SUSPICION

The use of or being under the influence of drugs or alcohol while at work is contrary to this policy. All individuals at work who are believed by supervision to be under the influence of drugs or alcohol must submit to drug or alcohol testing upon request. Reasonable suspicion can occur when an employee's actions, appearance or conduct are indicative of an employee under the influence of drugs or alcohol, such as erratic behavior or staggering or faltering contractors and employees who test "positive" on reasonable suspicion will be terminated.



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TEST RESULTS

Applicants whose tests are returned positive will be given an opportunity to discuss the results with a Medical Review Officer (MRO) to rule out anything that might cause a false positive. Should an employee have a confirmed positive test result, we will be unable to place the employee on any assignment. At management’s discretion, a second screening after 30 days may be granted at the employee’s expense. Any employee testing positive on the second screening will be permanently barred from employment. Any employee who passes the second screening will then be tested for one year on an individual random basis. Any positive test of such random testing will result in discharge.

All positive test results will be confirmed in accordance with all applicable state laws.

INSUBORDINATION AND FALSIFICATION

If an employee refuses to participate in a required alcohol or drug test, or attempts to invalidate the results of the test, the employee will be discharged.

CONFIDENTIALITY

All test results will be treated confidentially and are the sole property of Pit Instruction and Training, LLC.

WHAT DRUGS ARE TESTED?

The company may test for any or all of the following drugs or classes of drugs, and their Metabolites or derivatives, including: marijuana (cannabinoids), cocaine, propoxyphene (Darvon), benzodiazepines, phencyclidine (PCP), methadone, opiates, amphetamines, barbiturates and alcohol. The company also reserves the right to test for other drugs of suspected abuse.

Sample Testing:

Drugs - The Company will use urine, blood, oral fluid, or any of these three, for drug testing.

Alcohol - The Company will use breath, urine, blood or any of these three for alcohol testing.

SEARCHES

The company reserves the right to conduct a reasonable, unannounced search of its premises if it believes an employee may be in possession of alcohol or drugs. In special circumstances a law enforcement representative may assist the company in searching an employee and his/her possessions. Refusal to cooperate in a reasonable search will result in discharge.

“Premises” means any company or client customer vehicle, office, factory, warehouse, building, shop, parking lot or property which is owned, leased, rented or operated by the company or client customer; or any other site at which an employee performs company or client customer work.

“Possession” means: on an employee’s person, in an employee’s tool box, lunch box, brief case or purse; or in and area entrusted to the control of an employee such as a company or client customer vehicle, desk, file, closet or locker.

CONSENT & AUTHORIZATION

Pit Instruction and Training, LLC has customers that have adopted policies requiring pre-employment and reasonable cause drug screening. By signing your name herein below, applicant/employee is expressing a desire for consideration to be assigned to all customers and consents to undergo a drug-screening test prior to beginning work, as required.

Contractor’s and employee’s agree to supply urine and/or other specimen with the understanding that part of the specimen will be used to test for the presence of illegal drugs, alcohol or controlled substances, and that the result of such test may be disclosed to Pit Instruction and Training and to the customer who requested the screening.

Signature

____/____/____
Date

Print Name



**NASCAR 2019
SUBSTANCE ABUSE POLICY HIGHLIGHTS**

1. **ADMINISTRATION:** NASACAR will continue to work with Sports Medicine and Research Testing Laboratory (SMRTL). SMRTL personnel will be responsible for all driver pre-season testing and random substance abuse tests. SMRTL Sciences Corporation is the largest independent sports and forensic certified testing laboratory in the United States.
2. **2019 BASELINE TEST:** All NASCAR Cup Series, XFINITY Series and Camping World Truck Series drivers, crew members and NASCAR officials will be required to submit to a substance abuse test prior to the start of the 2019 season.
 - a. NASCAR will have SMRTL personnel on site in Daytona during testing to conduct all substance abuse tests for the drivers.
 - b. Drivers who are new to the NASCAR Cup Series, XFINITY Series or Camping World Truck Series will be required to submit to a mandatory substance abuse test by SMRTL or NASCAR prior to competing in an event.
 - c. Car owners will be required to conduct internal team substance abuse testing by a Substance Abuse and Mental Health Services Administration (SAMHSA) certified laboratory and certify to NASCAR that all licensed crew members have passed such testing prior to the start of the 2019 season.
 - d. NASCAR will conduct a baseline test for its officials prior to the start of the 2019 season.
3. **RANDOM TESTING:** In addition to NASCAR’s long-standing reasonable suspicion clause in the substance abuse policy, all NASCAR Cup Series, XFINITY Series and Camping World Truck Series drivers, over-the-wall crew members and NASCAR officials will be subjected to random substance abuse tests throughout the season. Tests will be conducted at most, if not all events. Names will be randomly generated through a computer program by SMRTL. Random tests will be conducted by SMRTL personnel with the assistance of NASCAR. NASCAR will work within the boundaries of each track’s existing schedule requirements for the drivers, over-the-wall crew members and officials to select a time to conduct these tests. The tests will not be optional. A failure to appear for a test after being selected will result in a failed test.
4. **OVER-THE-WALL CREW ROSTER:** Teams will be required to submit an annual roster of over-the-wall crew members to NASCAR prior to the start of the 2019 season. Any changes to the over-the-wall crew member roster must be submitted and approved by NASCAR. Changes should be submitted to each respective Series Director.
5. **PENALTIES:** NASCAR’s long-stated penalties for violations will remain in place. Violations of the Substance Abuse Policy will result in an immediate suspension from competition. Any Competitor violating the policy will have to meet detailed criteria prescribed by NASCAR’s outside experts in order to be considered for reinstatement. While it is possible that a competitor could receive a lifetime ban for just one violation, a third violation of that policy will automatically result in a lifetime ban.
6. **EFFECTIVE DATE:** The new policy will go into effect at the start of the 2019 season.

I hereby acknowledge and agree that I have read this document and its content.

Signature

_____/_____/_____
Date

Print Name



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IMAGE AND LIKENESS RELEASE AND WAIVER

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by Pit Instruction and Training, LLC to reproduce and use said photographs and recordings of my voice, for use in all domestic and foreign markets.

Further, I understand that others, with or without the consent of by Pit Instruction and Training, LLC may use and/or reproduce such photographs and recordings.

I hereby release Pit Instruction and Training, LLC and any of its associated or affiliated companies, their directors, officers, agents, contractors and employees and customers, and appointed advertising agencies, their directors, officers, agents and contractors and employees from all claims of every kind on account of such use.

Signature

____ / ____ / ____
Date

Print Name



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CONFIDENTIALITY AGREEMENT

I hereby acknowledge and agree that, from time to time, I may receive information from or regarding Performance Instruction and Training, LLC in the nature of trade secrets or that otherwise is confidential, the release of which may be damaging to Performance Instruction and Training, LLC or Persons with which it does business. I agree that I shall hold in strict confidence any information I receive regarding Performance Instruction and Training, LLC as being confidential and may not disclose it to any person or entity other than a member of Performance Instruction and Training, LLC, except for disclosures compelled by law (but I agree to notify Performance Instruction and Training, LLC promptly of any request for that information before disclosing it) or of information received from a source independent of Performance Instruction and Training, LLC that was obtained without breach of confidentiality.

I hereby acknowledge and agree to hold such in confidence until Performance Instruction and Training, LLC states otherwise in writing.

I hereby acknowledge and agree that breach of this agreement may cause irreparable harm and injury to Performance Instruction and Training, LLC for which monetary damages may be inadequate, difficult to compute, or both. I further acknowledge and agree that this agreement may be enforced by specific performance.

I hereby acknowledge and agree that I have read this agreement and fully understand and agree to be bound by its contents.

Signature

_____/_____/_____
Date

Print Name



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CONTRACTOR AGREEMENT

I understand and agree that from time to time Pit Instruction and Training, LLC will secure or attempt to secure work on my behalf either through contracts with clients or for various events and programs presented at or by Pit Instruction and Training, LLC.

I also agree and understand that any work either for Pit Instruction and Training, LLC or secured by Pit Instruction and Training, LLC on my behalf is on a contractual basis and does not imply or express in any manner employment by or with Pit Instruction and Training, LLC or any of its clients or affiliates either currently or in the future.

In consideration of this service, I agree that I will maintain a current facility membership account in good standing and remain available for placement by Pit Instruction and Training, LLC for the length of six (6) months from the date of this agreement or the duration of any and all race series license purchased by Pit Instruction and Training, LLC on my behalf.

Should I fail to maintain an account in good standing or make myself unavailable for placement by Pit Instruction and Training, LLC, I understand that a fee of \$500.00 will become immediately due in addition to any other outstanding balances that I owe Pit Instruction and Training, LLC, including facility membership fees, equipment fees, and race series licenses purchased on my behalf.

Signature

_____/_____/_____
Date

Print Name



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PERSONAL INSURANCE PROVISION

I understand and agree that Pit Instruction and Training, LLC does carry necessary and required liability and professional insurances. Pit Instruction and Training, LLC does not assume responsibility of or liability for any health or medical injury claims that may occur during the training or practice or use of any facilities owned or operated by Pit Instruction and Training, LLC during the course of class, travel, practice or competition.

I understand and agree that in case of a medical emergency or injury that may occur at Pit Instruction and Training, LLC, my personal insurance or that of my family is considered primary coverage.

I hereby state that:

_____ I and / or my family have existing health and / or medical insurance that is primary in coverage.

_____ I do NOT have health and / or medical insurance.

Signature _____/_____/_____
Date

Print Name

Physical Readiness Test

You are required to participate in a series of physical assessments on your first two nights of class. A list of those physical activities will be emailed to you for your review upon submission of your application. Passing a **One-mile test performed in 15 minutes** or less is a required in order to be admitted to the program. Declining any physical assessment test or not passing the mile test will be consider a lack of physical readiness. Your payment amount will be refunded, and you will not be admitted to the PCU program. Later when you are physically ready you may reapply; however, you may only reapply once. The same physical assessments are required on your second consideration to the program.

Signature _____/_____/_____
Date

Print Name



ACTIVITY READINESS QUESTIONNAIRE

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly.

- YES NO Has a doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?
- YES NO Do you feel pain in your chest when you do physical activity?
- YES NO In the past month, have you had chest pain when you were not doing physical activity?
- YES NO Do you lose your balance because of dizziness or do you ever lose consciousness?
- YES NO Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- YES NO Is your doctor currently prescribing drugs for your blood pressure or heart condition?
- YES NO Do you currently participate in any regular activity program designed to improve or maintain your physical fitness?
- YES NO Has your doctor said you have high blood pressure?
- YES NO Are you over age 65 and not accustomed to exercise?
- YES NO Are you pregnant or believe you may be?
- YES NO Do you have insulin dependent diabetes?
- YES NO Do you know of any other reason why you should not do physical activity including but not limited to health conditions and / or ailments *not listed* in this document?

If you answered YES to any of the above questions, talk to your doctor BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answered YES.

If you honestly answered NO to all questions above, you can be reasonably positive that you can safely increase your level of physical activity gradually. Be advised if you answer NO on any question and it is later determined that you falsified your answer you will be dismissed from the program.

If your health changes so you then answer YES to any of the above questions, seek guidance from a physician.

Signature

_____/_____/_____
Date

Print Name



HEALTH HISTORY QUESTIONNAIRE

1. Has a doctor or health professional ever told you or are you aware that you or members of your family (grandparents, parents, or siblings) have any of the following conditions or a past or present history of (if YES, please list which family member has or may have the history or condition);

- a) YES NO High Cholesterol
b) YES NO High Blood Pressure
c) YES NO Obesity
d) YES NO Shortness of Breathe
e) YES NO Heart Attack
f) YES NO Heart Disease
g) YES NO Stroke
h) YES NO Hernia
i) YES NO Infection Disease
j) YES NO Rapid Heart Beat
k) YES NO Heart Murmur
l) YES NO Ankle Swelling
m) YES NO Diabetes
n) YES NO Back Injury
o) YES NO Back Pain
p) YES NO Joint Pain
q) YES NO Muscle Pain
r) YES NO Lung Disease
s) YES NO Arterial Disease

2. YES NO Are you currently taking any medications? If YES, what type and for what condition?

3. YES NO Are you allergic to any medications or drugs? If YES, what type?

4. Which best describes your smoking status?

- Never
Quit for more than 6 months
Less than 1 pack per day
More than 1 pack per day

5. When did you last have a medical exam or see a physician for any reason?

It is agreed and understood that participating in physical exercise and conditioning is inherently dangerous and that certain physiological changes may occur that may result in dizziness, fainting, stroke, stroke, blindness due to stroke, heart failure, permanent disability, and / or death.

If you have knowingly or unknowingly falsified any part of the Activity Readiness or Health History Questionnaire which hides a health condition and / or ailment, you may be expelled from Pit Instruction & Training's (PIT) Pit Crew U and 5 Off 5 On Race Team Performance programs due to assumed and perceived liability risks caused by doing so that may lead but are not limited to injury and / or death.

I, for myself, my heirs, executors and legal representatives, hereby waive, release, indemnify and agree to hold harmless Pit Instruction and Training, LLC, its parent, subsidiary and affiliated companies, their officers, directors, agents, and contractors and employees, the owners, leasers and lessees of the facility and equipment used in connection with this activity and other participants from and against any and all claims (including but not limited to personal injury, death, or property damage), damages fees, expenses or costs of any kind, including attorney fees, incurred in connection with such physical exercise and known or unknown health conditions and / or ailments which may at any time be brought, claimed, or asserted.

Signature

Date / /

Print Name



Performance Instruction & Training (PIT)
 156 Byers Creek Road
 Mooresville, NC 28117
 T (704) 799-3869 / F (704) 799-3871
 www.visitPIT.com

FEE SCHEDULE and FACILITY AGREEMENT

Pit Crew U Fees

Persons enrolling in the Pit Crew U program are required to submit a completed application along with a non-refundable Application Fee due at the time of application. In addition, a Program Fee to cover all associated costs of the program is due prior to the start date of the scheduled program. There is also an optional PCU Payment Plan* that may be selected. The terms for the Payment Plan are listed on the following page.

PCU Program Fee _____ **\$2,550.00 due prior to start date.** A \$500 Deposit is required when you turn in your application in order to hold you place in the class)

PCU Payment Plan* - see payment terms on the following page for details

Please select one of the above items toward which payment included with this application is to be applied.

5 OFF 5 ON RACE TEAM PERFORMANCE Fees (After completion of Pit Crew U)

Persons that successfully complete the Pit Crew U program may be invited to remain with Pit Instruction and Training, LLC and inclusion in the 5 OFF 5 ON Race Team Performance practice and placement services as well as to provide ongoing access to the training facility and amenities. The Facility Access Fee allows persons to remain on the active roster and participate in the 5 OFF 5 ON Race Team Performance program. The Facility Access Fee begins the first month following the completion of the program and remains in force and effect until written notification is provided thirty (30) days in advance of the desired cancellation date. The Facility Access Fee is due the no later than the first day of the month and is subject to change. Persons who have not paid by the due date will not be allowed access to the facility until payment has been made. Persons may enroll and pay the Facility Access Fee using one of two options:

Monthly Facility Access Fee \$100.00 x 12 = \$1,200.00 per year
OR
 Quarterly Facility Access Fee \$250.00 x 4 = \$1,000.00 per year

Fee Reimbursement

Due to the experiential nature of the class, required equipment, and content, Pit Instruction and Training, LLC requires payment of the Application Fee and Program Fee in full prior to the scheduled start date of the program unless the PCU Payment Plan has been selected. Persons unable to complete the program due to medical or personal issues have twelve months to re-enroll in the program at no additional cost. When a reimbursement of the Program Fee is necessary, the appropriate fees are processed and reimbursed by company check to the person making the original payment. Fee reimbursement applies only when the total Program Fee is paid in full, and *does not* apply to students selecting the PCU Payment Plan.

WRITTEN NOTICE RECEIVED

AMOUNT OF FEES ELIGIBLE FOR REIMBURSEMENT

Prior to the start of class 2	100% (minus cost of any equipment and gear issued and \$500 application fee)
After Class 2 and before Class 3	80%
After Class 3 before Class 5	70%
After Class 5 before Class 7	60%
After Class 7 before Class 9	50%
After Class 9	0%



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PIT CREW U PAYMENT PLAN

Payment Terms

When the PCU Payment Plan is selected, the total cost for Pit Crew U is \$2,725.00.

A \$1,500.00 dollar deposit (including the application fee) is required **on or before the first night of class.**

Payment on the \$1,500.00 is preferably made up front in full. However, it can also be made in monthly *minimum \$200.00* installments prior to the start of class, *but this must be arranged upon acceptance to the school and a minimum of \$500.00 deposit is still required with the Pit Crew U application.*

For example — the individual pays \$500.00 when their application is turned in. The individual still owes \$1,000.00 prior to the start of class. Individual pays \$500.00 down with their application on September 15th, and then pays a minimum \$200.00 per month in October, November and December – due the first day of each month before starting Pit Crew U in January. When class starts in January, individual has already paid us \$1,100.00, but still owes \$400.00 dollars to **start** the class — and this **MUST** be paid before class starts.

Once Pit Crew U begins, payments are to be made as follows:

Seven (7) payments of \$175.00 per week are due every Monday before the start of class. **No pay, no class — no exceptions.** If more than two (2) payments (and thus, classes as well) are missed, the student will be dropped from the class and must start over. *No refunds – no exceptions.*

By selecting the Pit Crew U Payment Plan, I am agreeing to the payment terms.

Signature

_____/_____/_____
Date

Print Name



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I understand and agree that through the completion, signing, and submission of this form that I promise to pay the amount shown and to keep my account in good standing. I also understand and agree that I give permission for Pit Instruction and Training, LLC to make payment toward my account balance as indicated. I understand and agree to abide by all the facility rules now in effect and those to be adopted while I use the facility. I agree and understand that any fees collected under the terms of this agreement do not give me any interest in the assets of Pit Instruction and Training, LLC but rather is a usage privilege subject to the limitations set forth by the management and rules of the facility.

Signature

____/____/____
Date

Print Name