



2027 MEMBERSHIP FORM

COMPLETE (Print legibly) and mail with dues to: **PI Motorsports, PO Box 17, Lomira, WI 53048**

One form per person / per vehicle / per class.

PULLING CLASS:

____ 12,500 ENHANCED ____ HF ____ PF ____ LLP ____ SF ____ RWYB
____ ASB ____ OS ____ SS ____ 2.6 DIESEL ____ 3.0 DIESEL

Vehicle Name _____

Vehicle Info (Year/Make/Model) _____

Sponsors _____

MEMBERSHIP DUES NONREFUNDABLE:

	<u>Before May 1st</u>	<u>After May 1st</u>
PULLER	____ \$250.00	____ \$300.00
BOARD MEMBER	____ \$100.00	____ \$150.00
ASSOCIATE MEMBER	____ \$100.00	

ALTERNATE DRIVER(S) COMPLETE ALTERNATE DRIVER FORM

ALL MEMBERS/DRIVERS: I acknowledge that failure to comply with PI Motorsports' general and class-specific rules will result in forfeiture of any payout. I also acknowledge that fire suits are required in ALL classes; this includes a fireproof jacket, pants, gloves, shoes or leather work boots and a securely fastened helmet while pulling.

MEMBER INFORMATION:

Name _____

Spouse _____ Family _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Checks to be made payable to _____

Office Use:

PAID AMOUNT: CASH \$ _____ CHECK \$ _____ CHECK # _____

RECEIVED BY: _____ **DATE:** _____



2027 ALTERNATE DRIVER FORM

ALT. DRIVER FOR WHO:

MEMBER NAME _____

VEHICLE NAME _____ CLASS _____

ALTERNATE DRIVER #1

_____ **\$100.00** (If Alt. Driver is already a full paid member, no \$ owing)

(Alt. Driver also Sign Release/Waiver Form)

ALTERNATE DRIVER INFORMATION:

Name _____

Address _____

Phone _____ Email _____

ALTERNATE DRIVER #2

_____ **\$100.00** (If Alt. Driver is already a full paid member, no \$ owing)

(Alt. Driver also Sign Release/Waiver Form)

ALTERNATE DRIVER INFORMATION:

Name _____

Address _____

Phone _____ Email _____

ALTERNATE DRIVER #3

_____ **\$100.00** (If Alt. Driver is already a full paid member, no \$ owing)

(Alt. Driver also Sign Release/Waiver Form)

ALTERNATE DRIVER INFORMATION:

Name _____

Address _____

Phone _____ Email _____

ALTERNATE DRIVER MEMBERSHIP DUES NONREFUNDABLE

Quantity: _____ x \$100.00 = \$ _____ Total Amount Due

Office Use:

PAID AMOUNT: CASH \$ _____ CHECK \$ _____ CHECK # _____

RECEIVED BY: _____ **DATE:** _____

Rev. 10/2026

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

1. HEARBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE PI MOTORSPORTS INC., the promoter, participants, pulling association, track owner, track operator, landowner and each of them their officers and employees, and volunteer workers, all for purposes herein referred to as RELEASES, from all liability to the Undersigned, his personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Undersigned, whether caused by the negligence of Releases or otherwise while the Undersigned or otherwise while the undersigned is in or upon the restricted area, and/or competing, officiating in, observing, working for, or for any purpose participating in the event;
2. HEARBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the Undersigned in or upon the restricted are 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 Releases or otherwise.
3. HEARBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of Releases or otherwise while in or upon the restricted area and/or while competing, officiating, observing, or working for or for any purpose participating in any PI MOTORSPORTS INC. sanctioned event.
4. 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 expressly agrees that the foregoing Waiver, Release and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the state in which the event is conducted and that if any portion thereof is held invalid, it is agreed the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned warrants the following statements are true and correct and understands that the Release, Waiver, and Indemnity Agreement and in giving the Undersigned permission to enter the event area:

1. No oral representation, statements, or inducement apart from the foregoing written agreement have been made.
2. He/She is sixteen or more years of age.
3. HE/SHE HAS READ AND VOLUNTARILY SIGNS THIS WAIVER AND RELEASE OF ALL LIABILITY AND INDEMNITY AGREEMENT.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)
PI Motorsports Inc.
PO Box 17
Lomira, WI 53048

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[][][] - [][] - [][][][][]
or
Employer identification number
[][] - [][][][][][][][]

Part II Certification
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they