



## Free Spirit Chapter® Annual Support Membership Package

Welcome to FSC®. We are excited at your decision to become a support member of one of Michigan's largest ladies riding groups. As stated in the Chapter bylaws, a Support Member is defined as a significant other or child. Support members are required to follow the guidelines for good member in standing in the By-Laws.

FSC® puts the safety of our members/support members as a priority. To accomplish this, we ask that you complete and send the following information yearly (**all of this is MANDATORY in order to be a support member**):

1. Annual Support Membership Form.
2. A copy of your Proof of Motorcycle Insurance for the 2020 season. If your insurance expires during the course of the riding season, you will be asked to provide updated, current proof.
3. A copy of your valid Michigan driver's license showing your cycle endorsement.
4. Signed Waiver of Liability.

Included is an Emergency Information form. This is optional – we do not require it, but in the event of an accident, this information could be critical in your medical care. If you wish, you may complete the form and place it in your **right saddle bag** where it can be easily accessed.

If you have *ANY* questions about the membership application process, *DON'T HESITATE TO CONTACT ONE OF THE OFFICERS LISTED BELOW!* We will be happy to help you out!!

Here's to an extraordinary 2020 riding season!

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# Free Spirit Chapter® Support Member Application

Support Member Name:

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

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Primary Phone: \_\_\_\_\_

Secondary Phone (Optional): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Support Member to Which FSC® Lady: \_\_\_\_\_

FSC® Support Membership #: (if known) \_\_\_\_\_

## Photo Ops

From time to time we will be putting pictures from our events onto our Yahoo Group web site, Public web site, and the newsletter. These pictures may appear with captions and/or first names. If, for any reason, you do NOT wish to appear either by yourself or in a group, please mark below:

\_\_\_\_\_ No, I do not want my picture to appear in any way on the Free Spirit Chapter® Yahoo Group and Public Web Site.

Opting Out to FSC® chapter news, events and ride updates

If you do not wish to have access in the above-mentioned items, please mark below.

\_\_\_\_\_ No, I do not wish to receive weekly ride updates.

Remit complete package to: Julie Werman FSC® Treasurer 33976 Bartola Drive Sterling Heights., MI 48312

## WAIVER OF LIABILITY – NOTICE AND AGREEMENT

Free Spirit Chapter® is organized entirely by volunteers dedicated to encouraging and enhancing the motorcycle experience for women motorcyclists and their supporters. It is incumbent on each and every member, supporter and guest of Free Spirit Chapter® to take upon themselves the responsibility for their actions when participating in any event related to Free Spirit Chapter®. All meetings, rides, or other activities are strictly events in which you have voluntarily chosen to participate. All events are offered solely for the purpose of associating with chapter members, supporters and guests for pleasure in their mutual interest, motorcycle riding, and in no way benefit the individual members or officers of Free Spirit Chapter® monetarily or otherwise.

To some extent all motor vehicles are inherently dangerous, and you should take part in any ride or other event based solely on your own assessment of your abilities and your equipment. Free Spirit Chapter® cannot assume any responsibility for your participation in any events. The routes planned for all rides will be on public roads, unless stipulated otherwise for a particular ride or event, and the individuals who planned the routes cannot be responsible for the conditions of the roads nor the actions of other persons using these roads.

By participating in any ride, you agree to abide by all traffic safety laws, wearing a helmet when participating in group/chapter organized rides (mandatory), and agree not to consume any legal or illegal intoxicating substances, including but not limited to prescription drugs or alcohol, before or during the ride.

If you have any doubts about your abilities, your equipment, the conditions of the roads or about having adequate insurance coverage to compensate you for any loss you may incur, you should voluntarily withdraw from the ride before starting or when you incur doubt.

DATE \_\_\_\_\_ NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

FSC® Member No. \_\_\_\_\_

I understand that Free Spirit Chapter® cannot assume any responsibility for any aspect of my safety and that if I participate in any Free Spirit Chapter® event(s) I do so voluntarily on my own assessment of my ability, the routes, and all facilities and conditions; I assume all risk; and I release and hold harmless Free Spirit Chapter®, their individual members and officers, and any property owner(s) sponsoring or cooperating with any ride or other event, for any injury or loss to my person or property in which I may become involved by any reason of participation in these activities. I certify that I am in compliance with state financial responsibility laws regarding the carrying of proper insurance.

This waiver of liability will be effective from 1-1-2020 to 1-1-2021

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE PRINT THIS AND RETURN IT TO CHAPTER TREASURER**

(See page 1 for mailing address)

**FREE SPIRIT CHAPTER® EMERGENCY INFORMATION FORM – OPTIONAL**  
**DO NOT MAIL THIS FORM BACK WITH YOUR RENEWAL – IT WILL BE DISCARDED!**  
**KEEP IN RIGHT SADDLE BAG**

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

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Members Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**

Please understand that the medical information provided is OPTIONAL. This information will be accessed by your Road Captain(s) and is for your BENEFIT during an emergency situation. This information will be utilized only in an emergency situation. Include pertinent information that Emergency Medical personnel would need to know in the event that you are injured on a ride. Please make every effort to keep this information updated and current. Thank you.

Primary Care Physician: \_\_\_\_\_

Office Phone/Hospital Affiliation if known: \_\_\_\_\_

Health Insurance Company & Subscriber ID #: \_\_\_\_\_ (or place a copy of your card with this form)

Medical Conditions: \_\_\_\_\_

Medications with Dosage Amounts (Please list on back of this page) -or- None

Allergies: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Choice of Hospital & Address (if possible): \_\_\_\_\_