

MIDDLE KINGDOM MARTIAL ACTIVITY REPORT

MARTIAL ACTIVITY REPORT

<input type="radio"/> Armored Combat	<input type="radio"/> Rapier	<input type="radio"/> Equestrian	<input type="radio"/> Archery	<input type="radio"/> Other (please list)
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Event	Date
Group	Location (City, State/Prov.)
Number of Authorizations	Number of Waivers

ATTACH MARSHALS ROSTER FOR LIST OF ASSISTING MARSHALS

Form of Activity/Tournament	Number of Participants
Marshal-in-Charge	List Minister
Tourney Winner(s)	

Form of Activity/Tournament	Number of Participants
Marshal-in-Charge	List Minister
Tourney Winner(s)	

Form of Activity/Tournament	Number of Participants
Marshal-in-Charge	List Minister
Tourney Winner(s)	

PROBLEMS

- A. Significant Injuries _____

- B. Unusual Equipment Failures _____

- C. Sanctions _____

IF ANY OF THESE ARE FILLED OUT, YOU **MUST** REPORT TO YOUR PRINCIPALITY/REGIONAL MARSHAL AND TO THE KINGDOM DEPUTY FOR YOUR MARTIAL ACTIVITY WITHIN 48 HOURS.

COMMENTS: _____

REPORTING MARSHAL: COMPLETE ALL INFORMATION BELOW

Marshal	Modern Name	
Street Address	City, State/Prov., Postal Code	
Telephone (include area code)	E-mail Address	Signature

INSTRUCTIONS:	Upon completion of the Event, send a copy of this report and attachments to your Regional Marshal and to the Kingdom Clerk of the Roster, as applicable.
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MIDDLE KINGDOM MARTIAL ACTIVITY REPORT

MARTIAL AUTHORIZATIONS

<input type="radio"/> Armored Combat	<input type="radio"/> Rapier	<input type="radio"/> Equestrian	<input type="radio"/> Thrown Weapons	<input type="radio"/> Non-Contact Participation
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Event		Date
Group	Marshal-in-Charge	

SCA Name		STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name			
Region	• Constellation	• Midlands	
• Oaken	• Pentamere		
1st Authorizing Marshal		2nd Authorizing Marshal	
SCA Name		STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name			
Region	• Constellation	• Midlands	
• Oaken	• Pentamere		
1st Authorizing Marshal		2nd Authorizing Marshal	
SCA Name		STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name			
Region	• Constellation	• Midlands	
• Oaken	• Pentamere		
1st Authorizing Marshal		2nd Authorizing Marshal	
SCA Name		STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name			
Region	• Constellation	• Midlands	
• Oaken	• Pentamere		
1st Authorizing Marshal		2nd Authorizing Marshal	
SCA Name		STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name			
Region	• Constellation	• Midlands	
• Oaken	• Pentamere		
1st Authorizing Marshal		2nd Authorizing Marshal	
SCA Name		STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name			
Region	• Constellation	• Midlands	
• Oaken	• Pentamere		
1st Authorizing Marshal		2nd Authorizing Marshal	
SCA Name		STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name			
Region	• Constellation	• Midlands	
• Oaken	• Pentamere		
1st Authorizing Marshal		2nd Authorizing Marshal	
SCA Name		STYLE(S) ATTEMPTED	RESULTS: PASS/FAIL
Modern Name			
Region	• Constellation	• Midlands	
• Oaken	• Pentamere		
1st Authorizing Marshal		2nd Authorizing Marshal	

INSTRUCTIONS:	Attach this form to the Martial Activity Report.
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MIDDLE KINGDOM MARTIAL ACTIVITY REPORT

WAIVER/CONSENT & SIGN-IN SHEET

<input type="radio"/> Armored Combat	<input type="radio"/> Rapier	<input type="radio"/> Equestrian	<input type="radio"/> Archery	<input type="radio"/> Other (please list)
Event:		Sponsoring Group:		Date

Society for Creative Anachronism, Inc.

P.O. Box 360789 Milpitas, California 95036-0789 Tel (408) 263-9305 Fax (408) 263-0641

WAIVER AND INFORMED CONSENT TO PARTICIPATE IN SCA MARTIAL ACTIVITIES

I, the undersigned, having read and understood the content of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in SCA combat-related activities (such as armed combat, period fencing, marshalling, combat archery, scouting and banner-bearing) at events held by the Society for Creative Anachronism, Incorporated. I hereby acknowledge that I am fully aware of the nature and purpose of the activities of the Society for Creative Anachronism, Inc. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any risks involved. In consideration for my being permitted to take part in these activities, I agree to be bound by the rules for Society for Creative Anachronism, Inc. and to obey the directions of the marshals and other governing officials of activities. In the event of any disagreements or disputes arising from my taking part in these activities, I agree to submit such disagreements or disputes to a board of arbitration appointed by the Society for Creative Anachronism, Inc. and to abide by any decisions reached by such board. I agree to release, hold harmless, and keep indemnified the Society for Creative Anachronism, Incorporated, its organizers and agents, officials, servants, and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in these events even if the same may have been contributed to or occasioned by the negligence of the said body or any of its agents, servants or representatives. It is understood and agreed that this agreement is to be binding on myself, my heirs, executors and assigns.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE

#	SCA Name	Legal name	Signature	List Official's Use		Marshal's Initials
				<input type="radio"/> Participant	<input type="radio"/> Cards	
1				<input type="radio"/> MiT	<input type="radio"/> Inspected	
2				<input type="radio"/> Participant	<input type="radio"/> Cards	
3				<input type="radio"/> MiT	<input type="radio"/> Inspected	
4				<input type="radio"/> Participant	<input type="radio"/> Cards	
5				<input type="radio"/> MiT	<input type="radio"/> Inspected	
6				<input type="radio"/> Participant	<input type="radio"/> Cards	
7				<input type="radio"/> MiT	<input type="radio"/> Inspected	
8				<input type="radio"/> Participant	<input type="radio"/> Cards	
9				<input type="radio"/> MiT	<input type="radio"/> Inspected	
10				<input type="radio"/> Participant	<input type="radio"/> Cards	
11				<input type="radio"/> MiT	<input type="radio"/> Inspected	
12				<input type="radio"/> Participant	<input type="radio"/> Cards	
13				<input type="radio"/> MiT	<input type="radio"/> Inspected	
14				<input type="radio"/> Participant	<input type="radio"/> Cards	
15				<input type="radio"/> MiT	<input type="radio"/> Inspected	

INSTRUCTIONS:	Attach this form to the Martial Activity Report.
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MIDDLE KINGDOM MARTIAL AUTHORIZATION TRACKING FORM

___ Armored Combat	___ Rapier Combat	Other (please list)
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FIRST-TIME AUTHORIZATIONS: KEEP THIS FORM AS YOUR 45-DAY TEMPORARY AUTHORIZATION CARD.
PROVIDE ALL INFORMATION REQUESTED BELOW (print legibly and fill out both authorization and waiver portions)

SCA NAME			DATE		
FULL MODERN NAME			EVENT		
STREET ADDRESS			HOME GROUP/BRANCH		
CITY	STATE/PROVINCE	POSTAL CODE	MINOR'S USE ONLY		
PHONE	EMAIL		DATE OF BIRTH	Parent/Guardian Name	
I affirm that I am a paid member of the Society for Creative Anachronism, Inc.	LEGAL SIGNATURE		SIGNATURE OF PARENT/LEGAL GUARDIAN		
STYLES(S) ATTEMPTED		AUTHORIZATION PARTNER(S)		LIST MANAGEMENT USE ONLY RESULTS: PASSED / FAILED	
1ST AUTHORIZING MARSHAL			2ND AUTHORIZING MARSHAL		
SCA & Modern Names (please print)			SCA & Modern Names (please print)		
SIGNATURE			SIGNATURE		

WAIVER AND INFORMED CONSENT TO PARTICIPATE IN SCA MARTIAL ACTIVITIES PLEASE PRINT ALL INFORMATION CLEARLY!!

I, _____,
(Please Print Full Legal Name)

having read and understood the content of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in SCA combat-related activities (such as armed combat, period fencing, marshalling, combat archery, scouting and banner-bearing) at events held by the Society for Creative Anachronism, Incorporated.

I hereby acknowledge that I am fully aware of the nature and purpose of the activities of the Society for Creative Anachronism, Inc. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any risks involved. In consideration for my being permitted to take part in these activities, I agree to be bound by the rules for Society for Creative Anachronism, Inc. and to obey the directions of the marshals and other governing officials of activities. In the event of any disagreements or disputes arising from my taking part in these activities, I agree to submit such disagreements or disputes to a board of arbitration appointed by the Society for Creative Anachronism, Inc. and to abide by any decisions reached by such board. I agree to release, hold harmless, and keep indemnified the Society for Creative Anachronism, Incorporated, its organizers and agents, officials, servants, and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in these events even if the same may have been contributed to or occasioned by the negligence of the said body or any of its agents, servants or representatives. It is understood and agreed that this agreement is to be binding on myself, my heirs, executors and assigns.

Signature _____ Date _____

Print SCA Name _____ Paid Member? (circle one) YES NO Membership No.: _____

FIRST WITNESS	SECOND WITNESS
Legal Name	Legal Name
SIGNATURE	SIGNATURE

INSTRUCTIONS FOR USE

This waiver **MUST** be **SIGNED, DATED, and WITNESSED**. It **MUST** be sent in with a first-time Authorization Tracking Form to the Clerk of the Roster via email to rosterclerk@midrealm.org . This waiver need not be re-executed if you are authorized for additional field activities. However, it must be re-executed when your authorization card expires, and a new waiver filed with the Clerk of the Roster's Office.

THIS WAIVER ALONE DOES NOT AUTHORIZE YOU TO PARTICIPATE IN COMBAT-RELATED ACTIVITIES. YOU MUST COMPLETE THE AUTHORIZATION PROCEDURE.

MIDDLE KINGDOM MARTIAL AUTHORIZATION TRACKING FORM

Secondary Authorizations

___ Armored Combat	___ Rapier Combat	Other (please list)
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KEEP THIS FORM AS YOUR 45-DAY TEMPORARY AUTHORIZATION CARD.

PROVIDE ALL INFORMATION REQUESTED BELOW (print legibly and submit to the Clerk of the Roster, rosterclerk@midrealm.org)

SCA NAME			DATE		
FULL MODERN NAME			EVENT		
STREET ADDRESS			HOME GROUP/BRANCH		
CITY	STATE/PROVINCE	POSTAL CODE	MINOR'S USE ONLY		
PHONE	EMAIL		DATE OF BIRTH	Parent/Guardian Name	
I affirm that I am a paid member of the Society for Creative Anachronism, Inc.	LEGAL SIGNATURE		SIGNATURE OF PARENT/LEGAL GUARDIAN		
STYLES(S) ATTEMPTED		AUTHORIZATION PARTNER(S)		<u>LIST MANAGEMENT USE ONLY</u> RESULTS: PASSED / FAILED	
1ST AUTHORIZING MARSHAL			2ND AUTHORIZING MARSHAL		
SCA & Modern Names (please print)			SCA & Modern Names (please print)		
SIGNATURE			SIGNATURE		

MIDDLE KINGDOM MARTIAL AUTHORIZATION TRACKING FORM

Secondary Authorizations

___ Armored Combat	___ Rapier Combat	Other (please list)
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KEEP THIS FORM AS YOUR 45-DAY TEMPORARY AUTHORIZATION CARD.

PROVIDE ALL INFORMATION REQUESTED BELOW (print legibly and submit to the Clerk of the Roster, rosterclerk@midrealm.org)

SCA NAME			DATE		
FULL MODERN NAME			EVENT		
STREET ADDRESS			HOME GROUP/BRANCH		
CITY	STATE/PROVINCE	POSTAL CODE	MINOR'S USE ONLY		
PHONE	EMAIL		DATE OF BIRTH	Parent/Guardian Name	
I affirm that I am a paid member of the Society for Creative Anachronism, Inc.	LEGAL SIGNATURE		SIGNATURE OF PARENT/LEGAL GUARDIAN		
STYLES(S) ATTEMPTED		AUTHORIZATION PARTNER(S)		<u>LIST MANAGEMENT USE ONLY</u> RESULTS: PASSED / FAILED	
1ST AUTHORIZING MARSHAL			2ND AUTHORIZING MARSHAL		
SCA & Modern Names (please print)			SCA & Modern Names (please print)		
SIGNATURE			SIGNATURE		

MIDDLE KINGDOM MARTIAL ACTIVITY REPORT**TOURNAMENT SIGN IN SHEET**

<input type="radio"/> Armored Combat	<input type="radio"/> Rapier	<input type="radio"/> Equestrian	<input type="radio"/> Archery	<input type="radio"/> Other (please list)
Event		Tournament Name		Date

Participant Name (Please Print Clearly)

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<u>INSTRUCTIONS:</u>	Attach this form to the Martial Activity Report.
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