

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		
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		

The Society for Creative Anachronism, Inc.

Minor's Waiver and Informed Consent to Participate in SCA Combat

This waiver **MUST** be signed for you to receive an authorization card for field activities, but need not be re-executed when you authorize for additional field activities. However, it must be re-executed when your authorization card expires, and a new waiver filed with the Lists Office.

I, _____, being a legal adult and the parent/legal guardian of the above minor person, having read and understood the contents of this document, agree and consent to the provisions contained herein. It is the intention of the aforesaid minor person to participate in SCA combat-related activities (such as armored combat, period fencing, marshaling, combat archery, scouting and banner-bearing) at events sponsored by the Society for Creative Anachronism, Inc. I acknowledge that these activities are potentially dangerous and that I and the minor person voluntarily accept any risks involved. In consideration of the minor's being permitted to take part in these activities, I and the said minor agree to be bound by the rules of the Society for Creative Anachronism, Inc., and to obey the directions of the marshals and other governing officials of these activities. In the event of any disagreements or disputes arising from the minor's taking part in these activities, we 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, Inc., 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 the minor's person or property, howsoever caused, arising out of or in connection with taking part in these events, even if the same may have been contributed to or occasioned by the negligence of the said body or of any of its agents, officials, servants or representatives. It is understood and agreed that this agreement is to be binding on myself, upon the minor person, and upon my and their heirs, executors and assigns.

Parent's/Legal Guardian's signature: _____ Date: _____

I, the said minor person, have read and understand the contents of this document and agree and consent to the provisions contained herein.

Minor's signature: _____ Date: _____

Witness: _____ Witness: _____

<p>INSTRUCTIONS FOR USE</p> <p>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. 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.</p> <p>THIS WAIVER ALONE DOES NOT AUTHORIZE YOU TO PARTICIPATE IN COMBAT-RELATED ACTIVITIES. YOU MUST COMPLETE THE AUTHORIZATION PROCEDURE.</p>
