

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

CONSENT TO PARTICIPATE AND RELEASE LIABILITY

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the international organization known as the Society for Creative Anachronism, Inc., a California not-for-profit corporation (hereafter "SCA"). The SCA has rules which govern and may restrict the activities in which I can participate. These rules include, but are not limited to: Corpora, the By-laws, the various kingdom laws and the Rules for combat related activities. The SCA makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the SCA. I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to my property. I understand that the SCA does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property. In exchange for allowing me to participate in these SCA activities and events, I agree to release from liability, agree to indemnify, and hold harmless the SCA, and any SCA agent, officer, or SCA employee acting within the scope of their duties, for any injury to my person or damage to my property. This Release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf. I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the SCA, its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL IT'S 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	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
2				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
3				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
4				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
5				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
6				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
7				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
8				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
9				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
10				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
11				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
12				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
13				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
14				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	
15				<input type="radio"/> MiT	<input type="radio"/> Inspected	
				<input type="radio"/> Marshal	<input type="radio"/> Site	
				<input type="radio"/> Participant	<input type="radio"/> Cards	

INSTRUCTIONS:	Attach this form to the Martial Activity Report.
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