

Æthelmearc Minor With Adult Authorization Form

New Person _____ **Additional Form** _____ **Renewal** _____ **Replacement** _____
SCA Name _____ **Today's Date** _____
Modern Name _____ **Birth date** _____
Address _____
City _____ **State** _____ **Zip code** _____
Phone number _____ **E-mail address** _____

Heavy

Great Weapon _____ Weapon & Shield _____ Combat Archery _____
 Two Weapon _____ Spear _____ Siege _____

Fencing

Light _____ Heavy _____ Single Rapier _____
 Rapier & Dagger _____ Case of Rapier _____ Rapier & Parry Object _____

Cut and Thrust

Primary _____ Complete _____

Marshal _____ **Member #** _____
Marshal _____ **Member #** _____
MOL (if processing) _____ **Member #** _____

Keep this copy for your records – Expires in 60 days

Please Print Clearly

Æthelmearc Minor With Adult Authorization Form

New Person _____ **Additional Form** _____ **Renewal** _____ **Replacement** _____
SCA Name _____ **Today's Date** _____
Modern Name _____ **Birth date** _____
Address _____
City _____ **State** _____ **Zip code** _____
Phone number _____ **E-mail address** _____

Heavy

Great Weapon _____ Weapon & Shield _____ Combat Archery _____
 Two Weapon _____ Spear _____ Siege _____

Fencing

Light _____ Heavy _____ Single Rapier _____
 Rapier & Dagger _____ Case of Rapier _____ Rapier & Parry Object _____

Cut and Thrust

Primary _____ Complete _____

Marshal _____ **Member #** _____
Marshal _____ **Member #** _____
MOL (if processing) _____ **Member #** _____

Mail this copy to the Kingdom Authorizations Clerk

Instructions

Fill out **both copies** of this form completely.

If adding a new form, mark all forms as either OLD or NEW.

Marshals must be currently warranted and may only sign for those warranted weapons forms.

Sign the waiver on the bottom of this page.

YOUR AUTHORIZATION WILL NOT BE PROCESSED WITHOUT THE NOTARIZED MINOR COMBAT WAIVER!

Then either:

1. Give the completed bottom half of this page to your **local** youth marshal, or
2. Mail the completed bottom half of this page to the authorization clerk at:

Mistress Maria Christina de Cordoba, c/o Donna M Parsons, PO Box 794, Saint Albans, WV 25177

A self-addressed stamped envelope would be greatly appreciated.

The top half of this form is your temporary authorization card for the forms checked off on the front. It is good for 60 days from the date you authorized. You should receive a laminated card in the mail within 60 days. If you do not, inquiries should go to the person who took the form from you or the authorizations clerk at the address above or (ae.authorization@aethelmearc.org). Please check with us if you have not received a card after 45 days.

Authorization is good until your 18th birthday.

SOCIETY FOR CREATIVE ANACHRONISM, INC.

CONSENT TO PARTICIPATE AND RELEASE LIABILITY

I understand and acknowledge that participation in the event or activity is potentially dangerous, both because of the nature of the event or activity and because of the possibility that some condition of the property where the event or activity is to be held may cause injury to me.

I acknowledge and understand that SCA will not permit me to participate in the event or activity unless I agree to all of the terms and conditions in this document, and that is acceptable to me and my parent or guardians. In return for SCA's permission to allow me to participate in the above SCA event or activity, I agree as follows:

1. I, me, and my parent or guardians expressly assume the risk of any injury whatsoever, no matter how serious or what its nature, no matter what its cause, whether caused by active or passive negligence of SCA or anyone else, by a condition of the property, or by any other cause.
2. I, me and my parent or guardians, expressly release from liability, agree and covenant not to sue SCA, any SCA agent, SCA employee, SCA independent contractor or any other person for any injury I may receive arising out of participation in the above SCA event or activity, no matter how serious the injury is or what its nature is, and no matter what its cause.
3. I, me and my parent or guardians, expressly agree to defend, hold harmless and to indemnify SCA and its agents respecting any claim made against SCA or its agents arising out of my participation in the above SCA event or activity.
4. I, me and my parent or guardians, have read and understood each of the terms and conditions in this document and understand that my agreement to them is a condition of participation in the above SCA event or activity.

**THIS IS A LEGAL DOCUMENT. YOU SHOULD NOT SIGN UNLESS YOU
HAVE READ IT AND UNDERSTAND IT.**

“IMPORTANT” as the Society can not force you to sign the waiver, "If you don't sign the waiver you must provide proof of 'waiver on file'" Any applications that do not come with said proof will be returned with a request for either a signed waiver or proof of "waiver on file".

Print Minor's Legal Name: _____

Print Parent/Guardian's Legal Name: _____

Signature: _____ **Date:** _____