

AEthelmearc Minor Authorization Form

New Person _____ Additional Form _____ Renewal _____ Age Group _____

SCA Name _____ Today's Date _____

Modern Name _____ Birth date _____

Address _____

City _____ State _____ Zip code _____

Phone number _____ E-mail address _____

Heavy

Single Handed Weapon (aka) Weapon & Shield _____

Two Handed Weapon (aka) Great Weapon _____

Two Weapons _____

Rapier

Single Rapier _____

Case of Rapier _____

Parry Object _____

Rapier & Dagger _____

Marshal _____ Member # _____

Parent Name _____

Parent Signature _____

Keep this half for your records — Expires in 60 daysPlease Print Clearly**AEthelmearc Minor Authorization Form**

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Single Rapier _____

Case of Rapier _____

Parry Object _____

Rapier & Dagger _____

Marshal _____ Member # _____

Parent Name _____

Parent Signature _____

Mail this half to the Kingdom Authorization 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

Mail the completed bottom half of this page to the authorization clerk at:

THL Deirdre Scott, c/o Nancy Scott, 339 S. Main Street, Wellsville, NY 14895

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.

Authorizations are good for a maximum of three (3) years and will expire on your birthday or as you change age divisions.

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: _____