

# Æthelmearc MOL Warrant Form

PLEASE PRINT CLEARLY

New Person \_\_\_\_\_ Renewal \_\_\_\_\_

SCA Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Modern Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Membership Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Home Group/Barony \_\_\_\_\_ At Large \_\_\_\_\_

Add to Google Group Email List \_\_\_\_\_ Add to Facebook Group \_\_\_\_\_

Warranting MOL \_\_\_\_\_ Region \_\_\_\_\_

Keep this copy for your records – Expires in 60 days

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Did you sign the waiver on the back?

# Instructions

- Fill out both TOP and BOTTOM copies of the REVERSE SIDE COMPLETELY.
- Warranting requires the signature of a Kingdom or Regional MOL.
- Make sure you include your Membership Number. All MOLs must be SCA members per Society Law. Warrants will NOT be processed if this information is missing.
- Sign the waiver on the bottom of this page. YOUR WARRANT IS NOT VALID WITHOUT A SIGNED WAIVER.
- Please send all Warrant forms to Kingdom MOL  
Erin Wunderlin 15 N Euclid Ave, Bellevue, PA 15202 or [Soteria72881@gmail.com](mailto:Soteria72881@gmail.com)
- All Warrants expire with your membership so keep your membership current at all times.

**SOCIETY FOR CREATIVE ANACHRONISM, INC.  
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.

he SCA makes no representation or claims as to the condition or safety of the land, the structures or surroundings, where 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, office 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, agent and/or employees.

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

**LEGAL NAME (PRINT):** \_\_\_\_\_

**LEGAL NAME (SIGN):** \_\_\_\_\_

**DATE:** \_\_\_\_\_