

The Society For Creative anachronisms, Inc.
Waiver and Informed Consent to Participate in SCA Combat-Related Activities

I, _____ of
(Print legal Name)

(Address) (Apt.) (Ph. #)

(City) (St.) (Zip)

having read and understood the contents of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in SCA combat-related activities (such as armored combat, rapier combat, combat archery, siege weapons, marshaling, heralding, water bearing, etc.) at events held by The Society for Creative Anachronism, Incorporated.

I hereby acknowledge that I am fully aware of the nature and purpose of the activities of the Society For Creative Anachronisms, Inc. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any risk involved. In consideration of my being permitted to take part in these activities, I agree to be bound by the rules of the Society For Creative Anachronisms, 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 my taking part in these activities, I agree to submit such disagreements or disputes to a board of arbitration appointed by the Society For Creative Anachronisms, Inc., and to abide by any decisions reached by such a board. I agree to release, hold harmless, and keep indemnified the Society For Creative Anachronisms, 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 my person or property, howsoever caused, arising out of or in connection with my taking part in these events even if the same may have 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 of myself, my heirs, executors and assigns.

Signature _____ Date _____

Print SCA Name: _____

(witness) Mundane signature Date _____

(witness) Mundane signature Date _____

This waiver MUST be signed, dated, and witnessed prior to reception of an authorization card for combat-related activities. Present this waiver to the issuing official along with authorization form to receive an Authorization card.

This Waiver does not need to be re-executed for additional style authorizations.

This waiver must be re-executed when renewing an expired authorization card.

THIS WAIVER ALONE DOES NOT AUTHORIZE PARTICIPATION IN COMBAT RELATED ACTIVITIES. ALL AUTHORIZATION PROCEDURES MUST BE COMPLETED.

