

# MINOR WAIVER

Minors will not be allowed to attend SCA events without signed release forms. In Florida, such forms must be notarized. Legal minority is determined by the state in which the event is held, not the state of residency.

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ do hereby declare my full understanding of his/her intention to participate in the event to be held by the Society for Creative Anachronism, Inc. on (date) \_\_\_\_\_ at (site) \_\_\_\_\_ in (city) \_\_\_\_\_.

I declare that I have made myself fully aware of the danger to his/her person and property presented by such participation, and do hereby grant him/her permission to participate in said event, and to hold harmless all other participants in this event and the Society for Creative Anachronism, Inc. from liability for personal injury or property damage which may arise by reason of, or as a result from, his/her participation in said event.

## TO BE SIGNED BEFORE COMING TO EVENT

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Commission #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## TO BE SIGNED AT REGISTRATION

Signature of person responsible for minor's conduct at this event: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

NOTARY SEAL HERE

KEEP AT REGISTRATION - ATTACH TO WHITE NCR

# MINOR MEDICAL & TRAVEL CONSENT

I do hereby give to \_\_\_\_\_ known in the SCA as \_\_\_\_\_ the authority and responsibility to care and govern my child/ward \_\_\_\_\_ known in the SCA as \_\_\_\_\_ and to act in my place as parent/guardian of said child and exercise such duties and responsibilities as I myself would discharge, including, but not limited to the authority to seek and approve appropriate medical treatment, to administer appropriate discipline if necessary. This authority shall hold from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ during the (event) \_\_\_\_\_ held at (site) \_\_\_\_\_ in (city) \_\_\_\_\_ and shall include the time needed to travel to and from said event. I assume all financial and legal responsibility for emergency medical treatment.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Commission #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Person who can locate parents at all time: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTARY SEAL HERE

KEEP WITH RESPONSIBLE ADULT