

**MIDDLE KINGDOM MARTIAL AUTHORIZATION TRACKING FORM**

Armored Combat	Rapier Combat	Equestrian	Other (please list)
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**FIRST-TIME AUTHORIZATIONS:** KEEP THIS FORM AS YOUR 45-DAY TEMPORARY AUTHORIZATION CARD. PROVIDE ALL INFORMATION REQUESTED BELOW (print legibly and fill out both authorization and waiver portions)

SCA NAME		DATE	<b>EQUESTRAIN USE ONLY</b>
FULL MODERN NAME		EVENT	
STREET ADDRESS			NAME OF OWNER
CITY	STATE/PROVINCE	POSTAL CODE	<b>MINOR'S USE ONLY</b>
PHONE	EMAIL		
I affirm that I am a paid member of the Society for Creative Anachronism, Inc.		LEGAL SIGNATURE	SIGANTURE OF PARENT/LEGAL GUARDIAN

STYLES(S) ATTEMPTED	AUTHORIZATION PARTNER(S)	LIST MANAGEMENT USE ONLY RESULTS: PASSED / FAILED

<b>1ST AUTHORIZING MARSHAL</b>	<b>2ND AUTHORIZING MARSHAL</b>
SCA & Modern Names (please print)	SCA & Modern Names (please print)
SIGNATURE	SIGNATURE

**WAIVER AND INFORMED CONSENT TO PARTICIPATE  
IN SCA MARTIAL ACTIVITIES  
PLEASE PRINT ALL INFORMATION CLEARLY!!**

I, \_\_\_\_\_,  
(Please Print Full Legal Name)

having read and understood the content 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 armed combat, period fencing, marshalling, combat archery, scouting and banner-bearing) 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 Anachronism, Inc. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any risks involved. In consideration for my being permitted to take part in these activities, I agree to be bound by the rules for Society for Creative Anachronism, Inc. and to obey the directions of the marshals and other governing officials of 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 Anachronism, Inc. and to abide by any decisions reached by such board. I agree to release, hold harmless, and keep indemnified the Society for Creative Anachronism, Incorporated, 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 been contributed to or occasioned by the negligence of the said body or any of its agents, servants or representatives. It is understood and agreed that this agreement is to be binding on myself, my heirs, executors and assigns.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print SCA Name \_\_\_\_\_ Paid Member? (circle one) YES NO Membership No.: \_\_\_\_\_

<b>FIRST WITNESS</b>	<b>SECOND WITNESS</b>
SCA & Modern Names	SCA & Modern Names
SIGNATURE	SIGNATURE

**INSTRUCTIONS FOR USE**

This waiver **MUST** be **SIGNED, DATED, and WITNESSED**. It **MUST** be sent in with a first-time Authorization Tracking Form to the Clerk of the Roster. This waiver need not be re-executed if you are authorized for additional field activities. However, it must be re-executed when your authorization card expires, and a new waiver filed with the Clerk of the Roster's Office.

**THIS WAIVER ALONE DOES NOT AUTHORIZE YOU TO PARTICIPATE IN COMBAT-RELATED ACTIVITIES. YOU MUST COMPLETE THE AUTHORIZATION PROCEDURE.**