WAIVER AND INFORMED CONSENT TO PARTICIPATE IN SCA MARTIAL ACTIVITIES

PLEASE PRINT ALL INFORMATION CLEARLY!!!

I, _____ , of _____
(Full Legal Name) (Street Address)

_____, _____, _____, _____
(City) (State) (Postal Code) (Phone - Optional)

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 _____

_____ _____
(Signature of Witness) (Signature of Witness)

Paid Member?	LEGAL SIGNATURE
• Yes • No	

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.

Revised 05/00