

Ansteorran Marshallate Authorization Form

Participant: Complete this section only. Please **PRINT** the information in ink. Information **MUST** be legible or card will not be issued.

New Fighter Existing Fighter Minor

SCA name: _____ Membership # _____ Birthdate: _____

Legal name: _____ Branch/Group: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

(Minors only) Parent's Name: _____ Date of 18th Birthday _____

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. The SCA makes no representation or claims as to the condition or safety of the land, structures or surroundings, whether 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 an 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 liability, agree to indemnify, and hold harmless the SCA, and any SCA agent, officer, 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, agents, 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.

Participant's Legal Signature _____ Date: _____
(or Parent/Legal Guardian if a Minor)

For Use by Authorizing Marshals ONLY

Type	Authorizing Marshal	Authorization		
Chivalric Combat	_____	<input type="checkbox"/> Armored Combat	<input type="checkbox"/> Armored Combat Marshal	<input type="checkbox"/> Fiberglass Spear
Rapier Combat	_____	<input type="checkbox"/> Rapier Combat	<input type="checkbox"/> Rapier Combat Marshal	
Missile Combat	_____	<input type="checkbox"/> Armored Missile Combat	<input type="checkbox"/> Rapier Missile Combat	<input type="checkbox"/> Missile Combat Marshal
Cut & Thrust	_____	<input type="checkbox"/> Cut & Thrust		
Siege Weapon	_____	<input type="checkbox"/> Siege Weapons	<input type="checkbox"/> Siege Marshal	
Non-Combat	_____	<input type="checkbox"/> Target Archery Marshal	<input type="checkbox"/> Thrown Weapons Marshal	
Youth Boffer	_____	<input type="checkbox"/> Youth Boffer (6-9)	<input type="checkbox"/> Youth Boffer (10-12)	<input type="checkbox"/> Youth Boffer (13-15)
Youth Chivalric	_____	<input type="checkbox"/> Youth Boffer Marshal	<input type="checkbox"/> Junior Youth Boffer Marshal	
Youth Chivalric	_____	<input type="checkbox"/> Youth Chiv (16-17)	<input type="checkbox"/> Youth Chiv Marshal	<input type="checkbox"/> Jr. Youth Chiv Marshal
Youth Rapier	_____	<input type="checkbox"/> 2 Weapons <input type="checkbox"/> Spear	<input type="checkbox"/> Weapon and Shield	<input type="checkbox"/> Great Weapon
Youth Rapier	_____	<input type="checkbox"/> Foil <input type="checkbox"/> Epee	<input type="checkbox"/> Heavy Rapier <input type="checkbox"/> Plastic Sword	<input type="checkbox"/> Melees
Youth Rapier	_____	<input type="checkbox"/> Youth Rapier Marshal	<input type="checkbox"/> Defensive Secondaries	<input type="checkbox"/> Offensive Secondaries

For Use by Marshallate Secretary ONLY

Date form received: _____ Card Issue Date: _____ Card Expiration Date: _____
(For youth marshal authorizations) Background Check Completed: Y / N Background Check Exp Date: _____