

# Ansteorran Marshallate Authorization Form

This section to be completed by participant. Printing MUST be legible or card will not be issued.

Legal name: \_\_\_\_\_  New Fighter  
 SCA name: \_\_\_\_\_  Existing Fighter  
 Address: \_\_\_\_\_ Group: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Member #: \_\_\_\_\_ Expires: \_\_\_\_\_  
 Minors Only: Parent's Name \_\_\_\_\_ Date of 18<sup>th</sup> 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 for Minors)

### For Use by Authorizing Marshals ONLY

- |   |   |   |   |
|---|---|---|---|
| <b>Non-Contact</b>  | <input type="checkbox"/> Non-Contact  |   |   |
| <b>Armored Combat</b>   | <input type="checkbox"/> Armored Combat   | <input type="checkbox"/> Fiberglass Spear   | <input type="checkbox"/> Armored Combat Marshal   |
| <b>Armored Combat for Minors</b><br>(Minors on the Adult Field) | <input type="checkbox"/> Weapon & Shield<br><input type="checkbox"/> Spear  | <input type="checkbox"/> 2 Weapons  | <input type="checkbox"/> Great Weapons  |
| <b>Youth Boffer/Chivalric</b>                                   | <input type="checkbox"/> Youth Boffer (6-9)<br><input type="checkbox"/> Youth Boffer (10-12)<br><input type="checkbox"/> Youth Boffer (13-15) | <input type="checkbox"/> Youth Boffer Marshal (Adult)<br><input type="checkbox"/> Junior Youth Boffer Marshal | <input type="checkbox"/> Youth Chivalric (16-17)<br><input type="checkbox"/> Youth Chiv Marshal (Adult)<br><input type="checkbox"/> Jr. Youth Chivalric Marshal |
| <b>Archery/Missile</b>  | <input type="checkbox"/> Armored Missile Combat<br><input type="checkbox"/> Target Archery Marshal  | <input type="checkbox"/> Rapier Missile Combat<br><input type="checkbox"/> Thrown Weapons Marshal             | <input type="checkbox"/> Missile Combat Marshal   |
| <b>Siege</b>  | <input type="checkbox"/> Siege Weapons  | <input type="checkbox"/> Siege Weapons Marshal  |   |
| <b>Rapier</b>   | <input type="checkbox"/> Epee/Foil<br><input type="checkbox"/> Rapier Combat Marshal  | <input type="checkbox"/> Heavy Rapier<br><input type="checkbox"/> Youth Rapier Marshal                        | <input type="checkbox"/> Cut & Thrust<br><input type="checkbox"/> Cut & Thrust Marshal  |
| <b>Youth Rapier</b>   | <input type="checkbox"/> Foil<br><input type="checkbox"/> Defensive Secondaries   | <input type="checkbox"/> Epee<br><input type="checkbox"/> Offensive Secondaries                               | <input type="checkbox"/> Melees   |

Authorizing Marshal(s): \_\_\_\_\_

I am authorizing this participant for (circle one or more):

Non-contact • Armored • Youth Boffer/Chivalric  
 Archery • Thrown Weapons • Siege • Rapier • C&T • YR

Non-contact • Armored • Youth Boffer/Chivalric  
 Archery • Thrown Weapons • Siege • Rapier • C&T • YR

For Use by Marshalate Secretary ONLY: Issue date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_