

TRANSFER OF GUARDIANSHIP FOR SCAA ACTIVITIES

To: Board of Directors,
Society for Creative Anachronism Australia Inc.

I,(print full legal name of parent/
guardian) of(address)
being the parent/ legal guardian of _____ (print
full legal name of minor) ("the minor") being a minor of the age of _____ years,
request permission for the minor to be present at and to participate in the events and
activities of the Society for Creative Anachronism Inc. ("the Society").

I further appoint (name) ("the
guardian") of (address)
as temporary guardian of said minor for the guardian to make decisions on medical
treatment if injured and the parent cannot conveniently be contacted. The minor
suffers from the following medical conditions:
.....

I understand that the guardian must be present at all times in my absence, or the minor
will be required to leave the event.

I give permission for the minor to participate in all activities for which he/she may be
authorised under the rules and regulations of the SCAA including:
Target Archery Rapier (incl training) Heavy (incl training) Other

My emergency contact details are:

On being granted your permission I, for myself, my heirs and executors
ACKNOWLEDGE AND AGREE:-

1. That I am fully aware of the nature of the activities to be engaged in and that they
may be dangerous to the minor.
2. That I voluntarily accept the risks involved.
3. That I alone shall be responsible at all times for the acts of the minor and shall obey
the proper directions of all authorised officials of the Society and that I and the minor
may be excluded from participating by my failure or refusal to do so.
4. That I shall indemnify and keep indemnified the Society and all members thereof
whether officials or not from and against all claims, actions, proceedings and demands
of whatever kind relating to any injury, loss or damage whatsoever and howsoever
caused to the minor or his/ her property arising out of or in connection with his/ her
attendance or participation in the activities of the Society.
5. That I understand the purport and effect of this document.

SIGNED: _____
DATE: ____/____/____

WITNESS: _____