

*SOCIETY for CREATIVE ANACHRONISM AUSTRALIA Ltd*  
**REQUEST TO PARTICIPATE AND INDEMNITY – ADULT MEMBER**

For use in Australia Only. Do not reduce this form. Please print clearly.

**Request to Participate and Indemnity**

I, \_\_\_\_\_ (print full legal name)

of \_\_\_\_\_ (address)

being a member of the Society for Creative Anachronism Australia Ltd (“the Society”), request permission to be present and to participate in the event and activities detailed hereunder. On being granted your permission I, for myself, my heirs and executors ACKNOWLEDGE AND AGREE:-

1. That I am fully aware of the activities to be engaged in and that they may be dangerous.
2. That I understand that some activities in the SCA may be constrained by local laws and I shall take personal responsibility for learning and following those laws.
3. That I voluntarily accept the risks involved.
4. That I shall obey the proper direction of all authorised officials of the Society and that I may be excluded from participating by my failure or refusal to do so.
5. 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 however caused to my person or property, arising out of or in connection with my participation in the activities.
6. That I understand the purport and effect of this document.

EVENT: \_\_\_\_\_

PLACE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

ACTIVITY PERMITTED: \_\_\_\_\_

SIGNED: \_\_\_\_\_ WITNESS: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

Tick box if 18 years or older

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