

TRANSFER OF GUARDIANSHIP

FOR SCA AUSTRALIA LTD ACTIVITIES

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

I, (print full legal name of parent/ guardian) of

..... (address)

being the parent/ legal guardian of _____ ("the minor")
(print full legal name of minor)

being a minor of the age of _____ years, (____/____/____)DOB

request permission for the minor to be present at and to participate in the events and activities of the Society for Creative Anachronism Australia Ltd. ("the Society").

I further appoint (name) ("the guardian")

of (address)

as temporary guardian of said minor for the SCA Australia Ltd Event:

_____ To be held on Date _____

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 and Armoured Combat (incl training)

Other (Specify)

My emergency contact details are: (Mobile)

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: _____ WITNESS: _____ DATE: ____/____/____

The Guardian

I, (print full legal name) of

..... (address)

.....(Society Name).....(Membership Number) Expiry date

I agree to act as guardian for the above Minor for the event mentioned on the date specified

I understand that I must be present at all times or the minor will be required to leave the event.

I understand that I am fully responsible for the safety of the minor in the absence of the Parent or Guardian.

Signed _____ Witness _____ Date _____

Original to Event Constable. Must be archived with minor indemnity. Copy to be with Minor at all times.