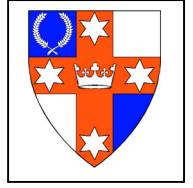


SOCIETY FOR CREATIVE ANACHRONISM INC.

KINGDOM OF LOCHAC

COMBAT AUTHORISATION FORM - MINOR PARTICIPANT

DO NOT REDUCE THIS FORM - Please print clearly



The applicant's Legal Guardian must complete this section.			
SCA Name of Candidate:			
Legal Name:			
Address:			
Phone:	E-mail:	D.O.B.	
Group:	Membership No:	Membership Expiry:	
MINOR PARTICIPANT REQUEST TO PARTICIPATE AND INDEMNITY			
I, _____ (Print Full Legal Name of Legal Guardian)			
of _____ (Address) being the parent/legal			
guardian of _____ (Print Full Legal Name of Minor) being a minor of the age of _____ years			
being a participant of the Society for Creative Anachronism ("the Society"), request permission for my ward to participate in the combat related activities of the Society. On being granted permission I, for myself, my ward, 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 are dangerous.			
2. That I voluntarily accept the risks involved.			
3. That I and the above named minor shall be bound by the rules of the Society, obey the proper directions of all authorised officials and accept the decisions of the Society in respect thereof.			
4. That this permission alone does not authorise the above named minor to participate in combat related activities and he/she must complete, to the satisfaction of the Society or its officials, any other authorisation procedure required by the Society.			
5. That I indemnify and keep indemnified the Society and all its members 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 above named minor or his/her property arising out of or in connection with his/her participation in combat related activity.			
6. That I understand the purport and effect of this document.			
Signed: _____ Witness: _____ Date: _____			
Note: NZ Minor Combatants must be authorized using a Combat Authorisation form for NZ minors.			
The Authorising Marshal must complete this section.			
<input type="checkbox"/> New Authorisation	<input type="checkbox"/> Upgrade of Authorisation		<input type="checkbox"/> Renewal of Authorisation
Applicant has been authorised for:			
Full Contact Authorisations	Rapier Authorisations	Non Contact Authorisations	Card Fee Received
Heavy Combatant []	Single Rapier []	Light Combatant []	Member \$2 []
Missile Combatant []	Offhand Offensive []	Non-Contact Participant []	Non Member \$3 []
Heavy Archer []	Offhand Defensive []	Marshal Authorisations	
Fibreglass Spear []	Rapier Melee []	Minors may not be Marshals	
	Rubber Band Guns []	in the Kingdom of Lochac	
1st Marshal's Name:		2nd Marshal's Name:	
1st Marshal's SCA Name:		2nd Marshal's SCA Name:	
Group:	Membership No:	Membership Exp:	
Group:	Membership No:	Membership Exp:	
I authorise the applicant to participate in the activities shown above. I am a current rostered marshal (within the Kingdom of Lochac) with the authority to so authorise applicants. I have received permission from the Lochac Earl Marshal or Lochac Kingdom Rapier Marshal as appropriate to authorise this minor.			
Marshals' Signatures: 1.		2.	Date:
The officer ISSUING the card must complete this section.			
Paperwork only valid for three (3) months from this date			
Date this form received:	Who received the form:	Date card issued:	Who issued the card: