



SOCIETY FOR CREATIVE ANACHRONISM INC.

Kingdom of Lochac

COMBAT AUTHORISATION FORM - ADULT PARTICIPANT

DO NOT REDUCE THIS FORM - Please print clearly

The applicant must complete this section.

SCA Name:

Legal Name:

Date of Birth:

Address:

Phone: ()

E-mail:

Group:

Membership No:

Membership Expiry:

ADULT PARTICIPANT REQUEST TO PARTICIPATE AND INDEMNITY

I, _____ (Print Full Legal Name)

of _____ (Address)

being a participant of the Society for Creative Anachronism ("the Society"), request permission to participate in the combat related activities of the Society. On being granted 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 are dangerous.
2. That I voluntarily accept the risks involved.
3. That I 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 me to participate in combat related activities and I 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 my person or property arising out of or in connection with my participation in combat related activity.
6. That I understand the purport and effect of this document.

Signed: _____ Witness: _____ Date: _____

NB. Combatants in NZ are not required to sign this indemnity. When in Australia, NZ combatants must sign an indemnity.

The Authorising Marshal must complete this section.

New Authorisation

Upgrade of Authorisation

Renewal of Authorisation

Applicant has been authorised for:

Full Contact Authorisations

- Heavy Combatant
- Missile Combatant
- Heavy Archer
- Fibreglass Spear

Rapier Authorisations

- Single Rapier
- Offhand Offensive
- Offhand Defensive
- Rapier Melee
- Rubber Band Guns

*Marshal Authorisations

- Light Marshal
- Heavy Marshal
- Siege Marshal
- Senior Marshal
- Rapier Marshal
- Authorisation Rapier Marshal
- Target Archery Marshal

Non Contact Authorisations

- Light Combatant
- Non-Contact Participant

*Marshal authorisations are only valid with a current SCA membership

Marshal's Name:

Marshal's SCA Name:

Group:

Membership No:

Membership Expiry:

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.

Signature:

Date:

Paper work must be submitted with a stamped self addressed envelope to the appropriate list keeper within 3 months.

Send completed AUSTRALIAN Authorisation forms to:

Barbara-Anne Edwards (Baroness Alycie of Stirling)
24 Darwendale St
Huntfield Heights
South Australia 5163

Send completed NEW ZEALAND Authorisation forms to:

Mistress Marienna Jensdatter (Maggie Forest)
SCA NZ
179 Pembroke Rd
Wilton, Wellington

The officer ISSUING the card must complete this section.

Date this form received:

Who received the form:

Date card issued:

Who issued the card: