



SOCIETY FOR CREATIVE ANACHRONISM INC.

Kingdom of Lochac

**TRAINEE CARD FORM - ADULT PARTICIPANT
DO NOT REDUCE THIS FORM - Please print clearly**

| | | |
|--|-----------------------|---------------------------|
| The applicant must complete this section. | | |
| SCA Name: | | |
| Legal Name: | | |
| 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 there of. | | |
| 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 it's 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 what so ever and how so ever 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 New Zealand shall not be required to sign this indemnity. New Zealand residents must sign an indemnity when in Australia. | | |

| | | |
|--|---|---------------------------------|
| The Issuing Marshal must complete this section. | | |
| <input type="checkbox"/> Full Contact training | <input type="checkbox"/> Non Contact Training | <input type="checkbox"/> Rapier |
| | | |
| Knight/Group Marshal's Name: | | |
| Knight /Group Marshal's SCA Name: | | |
| Group: | Membership No: | Membership Expiry: |
| I have issued the applicant with a trainee card to participate in the activities shown above. I am a current rostered knight/group marshal (within the Kingdom of Lochac) with the authority to issue trainee cards. | | |
| Signature: | | Date: |

| | | | |
|---|-------------------------------|--------------------------|-----------------------------|
| The officer receiving this paperwork must complete this section. | | | |
| Date this form received: | Who received the form: | Date card issued: | Who issued the card: |
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