



SOCIETY FOR CREATIVE ANACHRONISM INC.
Kingdom of Lochac
TRAINEE CARD FORM - MINOR PARTICIPANT
DO NOT REDUCE THIS FORM - Please print clearly

The applicant's Legal Guardian must complete this section.		
SCA Name:		
Legal Name:		
Address:		D.O.B
Phone:	E-mail:	
Group:	Membership No:	Membership Expiry:
MINOR PARTICIPANT REQUEST TO PARTICIPATE AND INDEMNITY		
I, _____ (Print Full Legal Name)		
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 there of.		
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 what so ever and how so ever 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: _____		
NB. Combatants in New Zealand shall not be required to sign this indemnity. New Zealand residents must sign an indemnity when within Australia.		

The Issuing Marshal must complete this section.		
<input type="checkbox"/> Full Contact Combat Training <input type="checkbox"/> Non Contact Combat Training <input type="checkbox"/> Rapier		
Knight/Group Marshal's Name:		
Knight/Group Marshal's SCA Name:		
Group:	Membership No:	Expiry:
I have issued the applicant with a trainee card to participate in the activities shown above. I am a current rostered group/knight 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: