WAIVER AND INFORMED CONSENT TO PARTICIPATE IN SCA MARTIAL ACTIVITIES

PLEASE PRINT ALL INFORMATION CLEARLY!!!

I,	, of		
(Full Legal Name)		(Street Address)	
(City)	(State)	(Postal Code)	(Phone - Optional)
having read and understood the cont contained herein. It is my intention and armed combat, period fencing, marsha held by the Society for Creative Anachr	l desire to partio Illing, combat a	ipate in SCA comb chery, scouting ar	pat-related activities (such as
I hereby acknowledge that I am fully average for Creative Anachronism, Inc. I acknowled I voluntarily accept any risks involved. activities, I agree to be bound by the rudirections of the marshals and other disagreements or disputes arising from disagreements or disputes to a bound anachronism, Inc. and to abide by any harmless, and keep indemnified the Sand agents, officials, servants, and respenses and demands in respect to howsoever caused, arising out of or insame may have been contributed to or agents, servants or representatives. It on myself, my heirs, executors and assistance.	wledge that the In consideration wiles for Society er governing of my taking pard of arbitrative of the consection will be consected by the connection will be considered by its understood and the consection of	ese activities are poor for my being perfor Creative Anachofficials of activitient in these activitien appointed by ched by such boative Anachronism, from and agains loss or damage with my taking party the negligence or	ptentially dangerous and that ermitted to take part in these pronism, Inc. and to obey the es. In the event of anyties, I agree to submit such the Society for Creative rd. I agree to release, hold Incorporated, its organizers thall claims, actions, costs, to my person or property, in these events even if the fithe said body or any of its
Signature		Date	e
Print SCA Name			
(Signature of Witness)		(Signature of Witness)	
Paid Member? • Yes LEGAL SIGNA • No	ATURE		

INSTRUCTIONS FOR USE

This waiver **MUST** be **SIGNED**, **DATED**, and **WITNESSED**. It **MUST** be sent in with a first-time Authorization Tracking Form to the Clerk of the Roster. This waiver need not be re-executed if you are authorized for additional field activities. However, it must be re-executed when your authorization card expires, and a new waiver filed with the Clerk of the Roster's Office.

THIS WAIVER ALONE DOES NOT AUTHORIZE YOU TO PARTICIPATE IN COMBAT-RELATED ACTIVITIES. YOU MUST COMPLETE THE AUTHORIZATION PROCEDURE.