

# YOUTH FIGHTER PROGRAM

## Informed Consent Form

### Assumption of Risk of Injury and Release of SCA from Liability

I desire to participate in the weekly fighter practice, event, or activity sponsored by the Society for Creative Anachronism, Inc.

For a period of one year from \_\_\_\_\_ to \_\_\_\_\_.

I understand and acknowledge that participation in the event or activity is potentially dangerous, both because of the nature of the event or activity and because of the possibility that some condition of the property where the event or activity is to be held may cause injury to me.

I acknowledge and understand that SCA will not permit me to participate in the event or activity unless I agree to all of the terms and conditions in this document, and that is acceptable to me and my parent or guardians. In return for SCA's permission to allow me to participate in the above SCA event or activity, I agree as follows:

1. I me and my parent or guardians expressly assume the risk of any injury whatsoever, no matter how serious or what its nature, no matter what its cause, whether caused by active or passive negligence of SCA or anyone else, by a condition of the property , or by any other cause.
2. I me and my parent or guardians, expressly release from liability, agree and covenant not to sue SCA, any SCA agent, SCA employee, SCA independent contractor or any other person for any injury I may receive arising out of participation in the above SCA event or activity, no matter how serious the injury is or what its nature is, and no matter what its cause.
3. I me and my parent or guardians, expressly agree to defend, hold harmless and to indemnify SCA and its agents respecting any claim made against SCA or its agents arising out of my participation in the above SCA event or activity .
4. I me and my parent or guardians, have read and understood each of the terms and conditions in this document and understand that my agreement to them is a condition of participation in the above SCA event or activity.

**THIS IS A LEGAL DOCUMENT. YOU SHOULD NOT SIGN UNLESS YOU HAVE READ IT AND UNDERSTAND IT.**

Print Minor's Legal Name: \_\_\_\_\_

Print Parent/Guardian's Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.**

The undersigned is the parent or legal guardian of the minor whose name appears above and understands that the minor can only participate under strict circumstances in the youth fighter program, archery, Arts, and Sciences.

The above minor cannot participate under any circumstances in armored marshal arts, fencing, armored marshaling, combat archery, scouting or banner-bearing in combat and cannot participate in any other events or activities unless I indemnify SCA as specified. Therefore, the undersigned shall defend, indemnify and hold harmless SCA for any claim arising out of any injury to the minor in any way connected with any SCA event or activity, including all damages and attorneys fees incurred by SCA.

Print Parent/Guardian's Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_