

Æthelmarc Authorization Form

New Card _____ New Form _____ Renewal _____ Replacement _____
SCA Name _____ Today's Date _____
Mundane Name _____ Birth Date _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ E-Mail Address _____

<u>Heavy</u>	<u>Rapier</u>	<u>Other</u>
Great Weapon _____	Single Rapier _____	Combat Archery _____
Two-Weapon _____	Case of Rapier _____	Scout _____
Sword & Shield _____	Rigid Parry _____	Schlaeger _____
Polearm _____	Non-rigid parry _____	Equestrian _____
Spear _____	Rapier & Dagger _____	Equestrian Archery _____

Marshall _____ Member# _____
Marshall _____ Member# _____
MOL (if processing) _____ Member # _____

Keep this copy for your records - Expires in 60 days



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Sword & Shield _____	Rigid Parry _____	Schlaeger _____
Polearm _____	Non-rigid parry _____	Equestrian _____
Spear _____	Rapier & Dagger _____	Equestrian Archery _____

Marshall _____ Member# _____
Marshall _____ Member# _____
MOL (if processing) _____ Member # _____

Mail this copy to the Authorization Clerk

Instructions:

- Fill out **both copies** of this form COMPLETELY
- New authorizations require 2 marshals signatures, Renewals require 1.
- Sign the waiver on the bottom of this page. **YOUR AUTHORIZATION WILL NOT BE PROCESSED WITHOUT A SIGNED WAIVER!**

Then either:

1. Give the completed bottom half of this page to your **local** Minister of Lists, or
2. Mail the completed bottom half of this page to the Authorization Clerk at:
Karen Donnelly, 2837 Anderson Drive, Allison Park, PA 15101-1300

A self -addressed stamped envelope would be greatly appreciated.

The top half of this page is your temporary authorization card for the forms checked off on the front. It is good for 60 days from the date you authorized. You should receive a laminated card in the mail within those 60 days. If you have not, inquiries should go to:

Your local MOL to whom you gave the completed bottom half (see above) OR
mol@aethelmearc.org

I would advise checking with us if you have not received a card in 45 days.

Authorizations are good for 2 years and expire on your birthday. To ease the load on everyone, however, we require that you reauthorize in ALL forms when your first form expires. If you lose your card, please complete this form and check Replacement.



SOCIETY FOR CREATIVE ANACHRONISM, INC CONSENT TO PARTICIPATE AND RELEASE LIABILITY

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the international organization known as the Society for Creative Anachronism, Inc., a California not-for-profit corporation (hereafter "SCA").

The SCA has rules which govern and may restrict the activities in which I can participate. These rules include, but are not limited to: Corpora, the By-laws, the various kingdom laws and the Rules for combat related activities.

The SCA makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the SCA.

I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to my property.

I understand that the SCA does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property.

In exchange for allowing me to participate in these SCA activities and events, I agree to release from liability, agree to indemnify, and hold harmless the SCA, and any SCA agent, officer or SCA employee acting within the scope of their duties, for any injury to my person or damage to my property.

This Release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the SCA, its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Legal Name (PRINT) _____

Legal Name (SIGN) _____

Date _____