

Please Print Clearly
Æthelmearc Authorization Form

New Person _____ **Additional Form** _____ **Renewal** _____ **Replacement** _____
SCA Name _____ **Today's Date** _____
Modern Name _____ **Birth date** _____
Address _____
City _____ **State** _____ **Zip code** _____
Phone number _____ **E-mail address** _____

Heavy
Great Weapon _____ Weapon & Shield _____ Combat Archery _____
Two Weapon _____ Spear _____ Siege _____

Fencing
Light _____ Heavy _____ Single Rapier _____
Rapier & Dagger _____ Case of Rapier _____ Rapier & Parry Object _____

Cut and Thrust
Primary _____ Complete _____

Marshal _____ **Member #** _____
Marshal _____ **Member #** _____
MOL (if processing) _____ **Member #** _____

Keep this copy for your records – Expires in 60 days

Please Print Clearly
Æthelmearc Authorization Form

New Person _____ **Additional Form** _____ **Renewal** _____ **Replacement** _____
SCA Name _____ **Today's Date** _____
Modern Name _____ **Birth date** _____
Address _____
City _____ **State** _____ **Zip code** _____
Phone number _____ **E-mail address** _____

Heavy
Great Weapon _____ Weapon & Shield _____ Combat Archery _____
Two Weapon _____ Spear _____ Siege _____

Fencing
Light _____ Heavy _____ Single Rapier _____
Rapier & Dagger _____ Case of Rapier _____ Rapier & Parry Object _____

Cut and Thrust
Primary _____ Complete _____

Marshal _____ **Member #** _____
Marshal _____ **Member #** _____
MOL (if processing) _____ **Member #** _____

Mail this copy to the Kingdom Authorizations Clerk

Instructions

- Fill out both copies of this form completely.
- If adding a new form, mark all forms as either OLD or NEW.
- Equestrian authorizations must designate beginner, intermediate, or advanced level or equestrian archery.
- New authorizations require two marshal signatures; renewals require one. Marshals must be currently warranted and may only sign for those warranted weapons forms.
- 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:
Donna Parsons, 1612 Bigley Ave., Charleston, WV 25302
 A self-addressed stamped envelope would be greatly appreciated.

The top half of this form 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 60 days. If you do not, inquiries should go to the person who took the bottom half of the form from you, your local MOL (if they took the bottom half), the authorizations clerk, or mol@aethelmearc.org. Please check with us if you have not received a card after 45 days.

Authorizations are good for up to four (4) years and expire on your birthday.

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 representation or claims as to the condition or safety of the land, the structures or surroundings, where 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, office 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, agent and/or employees.

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

LEGAL NAME (PRINT): _____

LEGAL NAME (SIGN): _____

DATE: _____