

Æthelmearc Youth Equestrian 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 \_\_\_\_\_

Mounted Games \_\_\_\_\_ General Rider \_\_\_\_\_

Marshal \_\_\_\_\_ Member# \_\_\_\_\_

Marshal \_\_\_\_\_ Member# \_\_\_\_\_

Special Authorization

Driving

Driving Marshal \_\_\_\_\_ Member# \_\_\_\_\_

Mounted Archery \_\_\_\_\_

Mounted Archery Marshal \_\_\_\_\_ Member# \_\_\_\_\_

Jousting \_\_\_\_\_

Jousting Marshal \_\_\_\_\_ Member# \_\_\_\_\_

Crest Combat \_\_\_\_\_

Crest Marshal \_\_\_\_\_ Member# \_\_\_\_\_

Armored Combat \_\_\_\_\_

Armored Marshal \_\_\_\_\_ Member # \_\_\_\_\_

Bareback \_\_\_\_\_

Marshal \_\_\_\_\_ Member# \_\_\_\_\_

MOL (if processing) \_\_\_\_\_ Member # \_\_\_\_\_

Keep this copy for your records – Expires in 60 days

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## Special Authorizations

### Driving

Driving Marshal \_\_\_\_\_ Member# \_\_\_\_\_

Mounted Archery \_\_\_\_\_

Mounted Archery Marshal \_\_\_\_\_ Member# \_\_\_\_\_

### Jousting

Jousting Marshal \_\_\_\_\_ Member# \_\_\_\_\_

Crest Combat \_\_\_\_\_

Crest Marshal \_\_\_\_\_ Member # \_\_\_\_\_

Armored Combat \_\_\_\_\_

Marshal \_\_\_\_\_ Member # \_\_\_\_\_

Bareback \_\_\_\_\_

Marshal \_\_\_\_\_ Member# \_\_\_\_\_

MOL (if processing) \_\_\_\_\_ Member # \_\_\_\_\_

**Mail this copy to the Kingdom Authorizations Clerk**

# Instructions

## Æthelmearc Youth Equestrian Authorization Form

- Fill out both copies of this form completely. If adding a new form, mark all forms as either OLD or NEW.
- 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 second and third pages to your local Minister of Lists, or
2. Mail the completed second and third page to the authorization clerk at:

**\_ Donna Parsons 1612 Bigley Ave Charleston, WV 25302\_**

A self-addressed stamped envelope would be greatly appreciated.

The first page of this form is your temporary authorization card for the forms checked off. 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 your local MOL (who took the form), or the authorizations clerk at [ae.authorization@aethelmearc.org](mailto:ae.authorization@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 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: \_\_\_\_\_ Date: \_\_\_\_\_