APPLICATION FOR EAST KINGDOM ARMORED COMBAT AUTHORIZATION CARD

APPLICANT INFORMATION (*please PRINT clearly*)

Legal Name (Print): _____ Phone: ( )_____

SCA Name (Print): _____ Date of Birth: _____

Mailing Address: _____

(full street, city, state/province & postal code)

Check if **NEW** Authorization: _____ If **RENEWAL**, give authorization number from card: _____

AUTHORIZATION INFORMATION

Authorizing Marshal 1
Print SCA Name: _____ Sign Legal Name: _____

Authorizing Marshal 2
Print SCA Name: _____ Sign Legal Name: _____

Please circle as many as apply: Sword and Shield Two Weapon Spear Polearm Great Weapon
Combat Archery Non Contact Participation Siege Marshal

Authorization Date: _____ Membership # _____ Membership Exp date: _____

IF APPLICANT CANNOT SHOW PROOF OF CURRENT MEMBERSHIP ("Blue Card") TODAY S/HE MUST SIGN AND DATE THE WAIVER PRINTED BELOW. NO AUTHORIZATION CARD WILL BE ISSUED WITHOUT EITHER PROOF OF MEMBERSHIP OR A PROPERLY EXECUTED WAIVER

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 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 heath 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 UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

_____ _____
Sign Legal Name Here Today's 21th Century Date

Tear on dotted line below. Mail top portion to: Brenda Janetsky, 1 Wallin Street, Amsterdam NY 12010

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Save this section of the form! This is your only proof of Authorization until your permanent card arrives!

Temporary Armored Combat Authorization Card

Legal Name: _____

SCA Name: _____

Authorizing Marshal I: _____

Authorizing Marshal II: _____

Authorization Date: _____

Weapon Forms

(check all forms circled on form above)

- Sword and Shield ☐
- Two Weapon ☐
- Spear ☐
- Polearm ☐
- Great Weapon ☐
- Combat Archery ☐
- Non Combat Participation ☐
- Siege ☐
- Marshal ☐