

APPLICATION FOR EAST KINGDOM PERIOD RAPIER COMBAT AUTHORIZATION CARD

APPLICANT INFORMATION (please PRINT clearly)

Legal Name (Print): _____ E-Mail: _____
SCA Name (Print): _____ Date of Birth: _____
Mailing Address: _____
(full street, city, state/province & postal code)
Authorization Type: **NEW** ___/RENEWAL: ___ Card#: _____ Phone: _____

MOL: (Print SCA Name) _____ **/Event:** _____

AUTHORIZATION INFORMATION

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

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

Please circle all current weapons forms: : Light Rapier Heavy Rapier Single Rapier Rigid Parry
Non-Rigid Parry Dagger Case of Rapier Two Handed Rapier Cut&Thrust 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 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 UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Sign Legal Name Here

Today's 21st Century Date

Tear on dotted line below. Mail top portion to: Linda Meyer 151 Arnold Road, N. Attleboro, MA 02760

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

Temporary Period Rapier Authorization Card

Legal Name: _____
SCA Name: _____
Authorizing Marshal I: _____
Authorizing Marshal II: _____
Authorization Date: _____

Weapon Forms

(check all forms circled on form above)

- Light Rapier
- Heavy Rapier
- Single Rapier
- Rigid Parry
- Non-Rigid Parry
- Dagger
- Case of Rapier
- Two Handed Rapier
- Cut & Thrust
- Marshal