

# APPLICATION FOR EAST KINGDOM ARMORED 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:** Sword and Shield Two Weapon Spear Polearm Great Weapon  
Siege Marshal Siege CA Marshal Combat Archery Non Contact Participation 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 21<sup>st</sup> Century Date

**Tear on dotted line below. Mail top portion to: EKMOL, PO Box 1168, Westbrook ME 04098**

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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   
CA Marshal   
Non Contact Participation   
Siege   
Siege Marshal   
Marshal