

# APPLICATION FOR EAST KINGDOM PERIOD FENCING AUTHORIZATION

Authorization Date:	Type: <input type="checkbox"/> NEW / <input type="checkbox"/> RENEWAL	CARD#:
<b>APPLICANT INFORMATION (please PRINT clearly)</b>		
Legal Name:	Date of Birth:	
SCA Name:		
Mailing Address:		
City:	State/Province:	Zip/Postal Code:
Phone:	E-Mail	
MoL (Print SCA Name):		Event:

## AUTHORIZATION INFORMATION

AUTHORIZING MARSHAL I					AUTHORIZING MARSHAL II				
Print SCA Name:					Print SCA Name:				
Sign Legal Name:					Sign Legal Name:				
Heavy	Single	Rigid Parry	Non-Rigid Parry	Dagger	Case of Rapier	2 Handed Rapier	Cut & Thrust	Marshal	
Light	Single	Rigid Parry	Non-Rigid Parry	Dagger	Case of Rapier			Marshal	

## 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:	Date:
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*(Tear on the dotted line below).*

**Mail top portion to: Kate Crandall, EK Minister of Lists, PO Box 5561, Colonie, NY 12205**

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

Temporary Period Fencing Authorization Card								Date:	
Legal Name:					Marshal I:				
SCA Name:					Marshal II:				
Heavy	Single	Rigid Parry	Non-Rigid Parry	Dagger	Case of Rapier	2 Handed Rapier	Cut & Thrust	Marshal	
Light	Single	Rigid Parry	Non-Rigid Parry	Dagger	Case of Rapier			Marshal	