

APPLICATION FOR EAST KINGDOM ARMORED COMBAT AUTHORIZATION CARD

APPLICANT INFORMATION

Legal Name (Print): _____ Phone: (_____) _____
SCA Name (Print): _____ Date of Birth: _____
Mailing Address: _____

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: Is This Your First East Kingdom Authorization Card? YES NO
Sword and Shield Two Weapon Spear Polearm Great Weapon Combat Archery Non Contact Participation
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 20th Century Date

Tear on dotted line below. Mail top portion to: Anne Washburne 42 Clifton St Portland ME 04101-1606 For use after January 31st, 1998

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

Temporary Period Fencing Combat Authorization Card

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

THIS TEMPORARY CARD EXPIRES 6 WEEKS FROM THE 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 _____

How To Fill Out the Armored Combat Authorization Card Application

Please note that this form should only be filled out if the fighter needs a **new** Combat Authorization card sent to him/her. If the fighter already has a valid, unexpired card, please see the **Additional Weapons Forms Authorizations** section below. **New cards will not be sent out just to update weapon forms.**

APPLICANT INFORMATION

- Please print clearly. The information entered in this section will be used to type the fighter's legal and society names on the card, and to mail the card to the fighter.
- Please provide the complete mailing address. This should include the street or PO Box address, as well as the City, State or Province, and Zip or Postal Code. Failure to fill out this information clearly and completely may mean that the card will not reach the fighter.

AUTHORIZATION INFORMATION

- The authorizing marshal(s) should be sure to sign the authorization form.
- Only one marshal's signature is required if the fighter can send in his/her old/expired authorization card along with the form. Otherwise, two marshals signatures will be required. See the Minister of Lists Policy document for more information on this.
- Be sure to circle all weapons forms that should appear on the authorization card. Failure to indicate any weapons forms is the most common reason for delays in processing authorization card applications. (Non-Combat participation is not to be used to indicate the fighter is also a marshal.)
- The fighter must either fill in their membership card number and membership expiration date or sign and date the waiver. It is not necessary to do both.

TEMPORARY AUTHORIZATION CARD

- Be sure to fill out the temporary authorization card at the bottom of the page clearly and completely. This will be the fighter's only proof of authorization until his/her permanent card arrives. If the application form is lost, it may be the only proof available that the authorization did take place.
- In the 'Weapons Forms' area, check off all the same weapons forms that were circled on the form above – all the weapons forms that should be on the authorization card.

ADDITIONAL WEAPONS FORMS AUTHORIZATIONS

- New cards will not be sent out just to update weapons forms.
- If a fighter already has a valid, unexpired authorization card, marshals should simply record additional weapons forms on the back of that card, as the authorizations occur.
- Notification of these additional weapon forms authorizations should also be sent to me, using the form below:

Record of Additional Period Armored Combat Authorization

Fighter's Legal Name: _____
Fighter's SCA Name: _____
City: _____
State/Province: _____ Zip/Postal Code _____
Authorizing Marshal I: _____
Authorizing Marshal II: _____
Authorization Date: _____
Authorization Card #: _____

Weapon Forms

(check all forms added to the card today)

Sword and Shield _____
Two Weapon _____
Spear _____
Polearm _____
Great Weapon _____
Combat Archery _____
Non Combat Participation _____