

MINOR WAIVER FORMS

Do not mail forms:
P.O. Box 360789 - Milpitas, California 95036-0789 - Tel (408) 263-9305 - Fax (408) 263-0641

The Society for Creative Anachronism, Inc.
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MI

MINOR'S CONSENT TO PARTICIPATE AND HOLD HARMLESS AGREEMENT

(hereafter referred to as "the minor")
(Print Minor's legal name)

does hereby state that the minor wishes 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.

The minor's parent(s) or guardian(s) understand that all activities are VOLUNTARY and that the minor does not have to participate. It is understood that these activities are potentially dangerous or harmful to the minor's person or property, and that by participating, the minor's parent(s) or guardian(s) accepts and assumes the risk of injury to the minor or damage to the minor's property.

It is understood that the SCA does NOT provide any insurance coverage for the minor's person or property, and the minor's parent(s) or guardian(s) acknowledge that they are responsible for the minor's safety and the minor's own health care needs, and for the protection of the minor's property.

In exchange for allowing the minor to participate in these SCA activities and events, the minor by and through the undersigned, agrees to release from liability, agrees 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 the minor's person or damage to the minor's property.

This Release shall be binding upon the minor, the parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf. The minor's parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the SCA, its officers, agents and/or employees.

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW: I, the undersigned, state that I am the parent or legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that said minor cannot participate under ANY circumstances in armored martial arts, any combat-related activities, combat-archery, or fencing without parental consent where such participation is allowed by kingdom law.

The minor will not be able to participate in any SCA activities without entering into this agreement. This document is binding on myself, the said minor and any person suing on behalf of said minor.

Minor's Name {PRINT}:

Birthdate of minor: Home State of minor:

Legal Name (PRINT):
Parent/Guardian

Legal Name (SIGN): _____ Date:
Parent/Guardian

MEDICAL AUTHORIZATION FOR MINORS

I, , the parent or legal guardian of
, a minor, do hereby authorize any one or more of

as agents for myself in my absence or incapacitation to consent to any x-ray examination and anesthetic, medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital whether or not such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the above-named agents upon the completion of treatment.

The authorizations shall remain effective until , 20 , unless sooner revoked in writing delivered to said agents.

Parent or Legal Guardian Signature: _____

Date:

Please note any specific health plan or insurance information such as membership or policy numbers on the back of this form.

Copies of this form, duly executed, should be in the possession of the named minor; at least one adult named in the document and present at the event; and the parent or guardian executing the Medical Authorization.

The SCA requires minor participants (i.e. those having to have waivers) whose parents or legal guardians are not present at the event to have a valid Medical Authorization form and to be accompanied at any event by one or more of the persons named on the form. The SCA recommends use of the Medical Authorization for all minor attendees whose parent or legal guardians are present.

State of County of

On before me, , a Notary Public

Personally appeared , personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Seal)