

CALONTIR LILIES WAR

DATE: June _____, 20_ TIME: _____ PM AM

VEHICLE: YES NO

(print all)
MODERN NAME _____

SCA NAME _____

MEMBERSHIP # _____

MEMBER WITHOUT CARD? _____

check one:

ADULT MEMBER	\$40.00
ADULT NON-MEMBER	\$45.00
CHILD MEMBER (5-17 YRS.)	\$20.00
*1/2 price CHILD MEMBER (5-17 YRS.)	\$10.00
CHILD NON-MEMBER (5-17)	\$25.00
*1/2 CHILD NON-MEMBER (5-17)	\$12.50
CHILD UNDER 5 YEARS OLD	free
ROYALTY (TRM, TRH)	free

*Note: 4th Child (5-17) & beyond in the same Family is 1/2 price.

PAID: CASH \$ _____

CHECK \$ _____

Check if blue card current/signed (not necessary to sign waiver below)

Check # _____

Phone number _____
(please make sure current phone # on check)

Are you royalty? _____

Kingdom and title: _____

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 that 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.

Legal Name (Sign) _____

Date _____

WAIVER FOR MINOR:

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.

Birthdate of Minor: _____

Home State of Minor _____

Parent/Guardian's Legal Name: (print) _____

Signature of Parent/Legal Guardian: _____
