

Gleann Abhann Marshal Warrant Form

New _____ Renewal _____ Today's Date _____
SCA Name _____
Mundane Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Email _____
Membership Number _____ Membership Expiration Date _____
Rapier Marshal _____ Rapier Authorization Marshal _____
Youth Rapier Marshal _____ Youth Rapier Marshal in Training _____
Signed by _____
Kingdom Rapier Marshal _____ Date _____

Kingdom Rapier Authorization Records Officer must receive this form for the Warrant to be "Official".

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Kingdom Rapier Marshal _____ Date _____

Instructions :

A Fill out both TOP and BOTTOM copies of the REVERSE SIDE COMPLETELY
A Warranting requires the signature of the Kingdom Rapier Marshal or designated deputy.

All Marshals are required to be members as per Society law.

Warrants will not be processed if this information is missing including the waiver.

The Kingdom Rapier Marshal will mail this form to the Kingdom Rapier Authorization Records Marshal.

All Warrants expire if your membership expires.

Updating the expiration of your authorizations DOES NOT renew your warrant, and renewing your warrant does not update the expiration date of your authorizations. If you lose your card, contact the Kingdom Rapier Authorization Records Marshal for a replacement.

**SOCIETY FOR CREATIVE ANACHRONISM, INC
CONSENT TO PARTICIPATE AND RELEASE LIABILITY**

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 (PRINT) _____

Legal Name (SIGN) _____

Date _____