

**KINGDOM OF GLEANN ABHANN
YOUTH RAPIER AUTHORIZATION FORM**

Legal name: _____	Date of Birth: ____/____/____
SCA name: _____	Membership #: _____

Styles Attempted (Circle Appropriate Styles):	Single	Secondaries	Date: ____ / ____ / ____
Comments:			
Auth. Marshal:	Asst. Marshal:	Passed?	

Event: _____ **Fighter's Local Group** _____

Parent/Legal Guardian (SCA): _____ **Phone:** (____) _____

Parent/Legal Guardian (MKA): _____ **E-mail** _____

Parent/Legal Guardian Signature: _____

Address _____ **City** _____ **State** _____ **Zip** _____

Keep a copy of this form to use as temporary proof of authorization.
This form will expire 60 days. Please send it in for your Authorization Card as soon as possible. After 60 days, this authorization is void and you will have to re-authorize to continue playing.

To receive your Authorization Card, send the original with a SASE and a copy of your membership card to:

**Lady Ysabeau de la Mare
 Joni Courville
 5584 Resweber Highway
 St Martinville, LA 70582
 Attn: SCA/KRAM
 (337) 394-5310 No calls after 8:30 please**

Non-members include a signed waiver and check for \$25.00 made out to SCA Inc. /Kingdom of Gleann Abhann

Waiver of Informed Consent

I, the undersigned, do hereby state that I wish my child to participate in activities by the international organization known as the Society for Creative Anachronism, Inc., a California not-for-profit corporation (hereafter "SCA"). I state that my child is at least seven years of age. The SCA has rules which govern and may restrict the activities in which I and my child participate. These rules include but are not limited to Copora, the by-laws, the various kingdom laws and the rules for combat related activities. The SCA makes no representations of 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 my child does not have to participate unless they choose to do so. I understand that these activities are potentially dangerous to my child and my own person or property and that the SCA and its legal representatives have made no representations to myself or my child as to the safety of these activities. I understand that the SCA does NOT provide any insurance coverage for my child, my person or property. I acknowledge that I am responsible for my child's, and my safety and my or my child's own health care needs, and for the protection of my property. In exchange for allowing me and my child 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 child, my person or my property and shall sign a SCA general waiver of liability on behalf of myself and my child if requested to do so. This release shall be binding upon my child, myself, successors in interest and/or any person(s) suing on my or my child's 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 /of its terms are not binding upon the SCA, its officers, agents and/or employees.
I UNDERSTAND THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTAND THIS IS THE RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE AND ASSERT THAT I HAVE LEGAL AUTHORITY TO SIGN THIS DOCUMENT ON BEHALF OF MYSELF AND MY CHILD.

Child's name _____

Parent/Legal Guardian's signature _____

Witness _____ Date _____