

Forms for One Minor to Attend One Event/Practice

These are two forms to be completed *by the parent* (or court appointed guardian). If a minor arrives without these forms (in the latest version) or without a parent to sign new ones, then the minor will not be allowed to enter. If a minor arrives with these forms, but without the sponsoring adult(s) listed on the medical authorization, then the minor will not be allowed to enter. This is for the minor's safety. You can save time and make the day more enjoyable by filling these out in advance (neatly please). Contact a group Seneschal for larger text, and latest versions or policies.

(The following is also required for a minor at each event/practice unless the minor has a current blue membership card)

Minor's Consent to Participate and Hold Harmless Agreement

Print Minor's Legal Name _____ hereafter referred to as "the minor" does hereby state that the minor wishes to participate in the 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 the minor can participate. These reuls include but are not limited to: Corpora, the by-laws, the various kingdom laws and Rules for combat related activites.

The SCA makes no representation 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 activites are potentially dangerous or harmful to the minor's person or property, and that by participating, the minor's parent(s) or guardian(s) voluntarily 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 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 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 of 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), and 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 marital 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 ot participate in any SCA related 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: _____

Parent/Guardian Legal Name (PRINT) _____

(The following **Medical Authorization Form** is required for each minor at each event/practice if the parent is not present)

I, _____ parent of or legal guardian of _____ do hereby authorize any one or more of _____, _____ or _____ 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, 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 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 judgement 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.

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

Date: _____ Parent or Legal Guardian's Signature _____

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. The SCA recommends use of the Medical Authorizatou for all minors whos parents or legal guardians are not present.

Parental Signature: _____

Date of Signature: _____

Notary Signature: _____

Date of Signature _____

Form Color - White

Notary Stamp