



**KINGDOM OF LOCHAC
SOCIETY FOR CREATIVE ANACHRONISM INC.
COMBAT AUTHORISATION FORM - AU MINOR PARTICIPANT
DO NOT REDUCE THIS FORM - PLEASE PRINT CLEARLY**

The Applicant's Parent / Legal Guardian must complete this section.			
Parent /Guardian Name:			
Minor's SCA Name:			
Minor's Legal Name:		Date of Birth:	
Address:			
Phone:		Email:	
Group		Membership No:	Membership Expiry:
AUSTRALIAN MINOR PARTICIPANT REQUEST TO PARTICIPATE AND INDEMNITY			
I, the parent / legal guardian named above, for the minor named above, being a participant of the Society for Creative Anachronism ("the Society"), request permission for my ward to participate in the combat related activities of the Society. On being granted permission I, for myself, my ward, my heirs and executors ACKNOWLEDGE AND AGREE:			
1. That I am fully aware of the nature of the activities to be engaged in and that they are dangerous.			
2. That I voluntarily accept the risks involved.			
3. That I and the above named minor shall be bound by the rules of the Society, obey the proper directions of all authorised officials and accept the decisions of the Society in respect thereof.			
4. That this permission alone does not authorise the above named minor to participate in combat related activities and he/she must complete, to the satisfaction of the Society or its officials, any other authorisation procedure required by the Society.			
5. That I indemnify and keep indemnified the Society and all its members whether officials or not, from and against all claims, actions, proceedings and demands of whatever kind, relating to any injury, loss or damage whatsoever and howsoever caused to the above named minor or his/her property arising out of or in connection with his/her participation in combat related activity.			
6. That I understand the purport and effect of this document.			
NB: NZ Minor Combatants must be authorized using a Combat Authorisation form for NZ minors.			
Guardian's Signature:		Witness Signature:	Date:

The Authorising Marshals must complete this section.			
<input type="checkbox"/> New Authorisation	<input type="checkbox"/> Upgrade of Authorisation	<input type="checkbox"/> Renewal of Authorisation	
Applicant has been authorised for:			
Armoured Combat Authorisations			
<input type="checkbox"/> Heavy Combatant	<input type="checkbox"/> Combat Archery	<input type="checkbox"/> Thrown Weapon	
<input type="checkbox"/> Fibreglass Spear	<input type="checkbox"/> Plumed Participant	<input type="checkbox"/> Siege Engine	
Rapier Combat Authorisations			
<input type="checkbox"/> Rapier Combat	<input type="checkbox"/> Cut & Thrust Combat	<input type="checkbox"/> Rubber Band Guns Only	
1st Marshal's Name:			
1st Marshal's SCA Name:			
Group	Membership No:	Membership Expiry:	
2nd Marshal's Name:			
2nd Marshal's SCA Name:			
Group	Membership No:	Membership Expiry:	
We authorise the applicant to participate in the activities shown above. We are current rostered marshals (within the Kingdom of Lochac) with the authority to so authorise applicants. We have received permission from the Lochac Earl Marshal or Lochac Kingdom Rapier Marshal as appropriate to authorise this minor.			
1st Marshal			
Signature:		Date:	
2nd Marshal			
Signature:		Date:	

Paper work must be submitted with a stamped self-addressed envelope to the appropriate officer within 3 months. A copy of the authorisation permission letter for the authorisation **MUST** be attached to this letter.
Send completed forms to:
Wendy Higgs (Countess Elizabeth de Foxle) PO box 287 Kippax Centre Holt ACT 2615

The officer ISSUING the card must complete this section.			
Date this form received:	Who received the form:	Date card issued:	Who issued the card: