



SOCIETY FOR CREATIVE ANACHRONISM AUSTRALIA LTD

# Kingdom of Lochac

TRAINEE CARD FORM - ADULT PARTICIPANT

DO NOT REDUCE THIS FORM - Please print clearly

<b>The applicant must complete this section.</b>		
<b>SCA Name:</b>		
<b>Legal Name:</b>		
<b>Address:</b>		
<b>Phone: (    )</b>	<b>E-mail:</b>	
<b>Group:</b>	<b>Membership No:</b>	<b>Membership Expiry:</b>
<b>ADULT PARTICIPANT REQUEST TO PARTICIPATE AND INDEMNITY</b>		
I, _____ (Print Full Legal Name)		
of _____ (Address)		
Being a participant of the Society for Creative Anachronism ("the Society"), request permission to participate in the combat related activities of the Society. On being granted permission I, for myself, my heirs and executors		
<b>ACKNOWLEDGE AND AGREE:</b>		
1. That I am fully aware of the nature of the activities to be engaged in, that they are dangerous & I voluntarily accept the risks.		
2. That I understand that some activities in the SCA may be constrained by local laws & I take personal responsibility to learn & follow those laws.		
3. That I shall be bound by the rules of the Society, obey the proper directions of all authorised officials & accept the decisions of the Society in respect thereof.		
4. That this permission alone does not authorise me to participate in combat related activities & I must complete, to the satisfaction of the Society or it's officials, any other authorisation procedure required by the Society.		
5. That I indemnify & keep indemnified the Society & all it's members whether officials or not, from & against all claims, actions, demands & proceedings of whatever kind, relating to any injury, loss or damage whatsoever & howsoever caused to my person or property, arising out of or in connection with my participation in combat related activity.		
6. That I understand the purport & effect of this document.		
Signed: _____ Witness: _____ Date: _____		
NB. Combatants in New Zealand shall not be required to sign this indemnity. New Zealand residents must sign an indemnity when in Australia.		

<b>The Issuing Marshal must complete this section.</b>		
<input type="checkbox"/> Full Contact training	<input type="checkbox"/> Non Contact Training	<input type="checkbox"/> Rapier
<b>Knight/Group Marshal's Name:</b>		
<b>Knight /Group Marshal's SCA Name:</b>		
<b>Group:</b>	<b>Membership No:</b>	<b>Membership Expiry:</b>
I have issued the applicant with a trainee card to participate in the activities shown above. I am a current rostered knight/group marshal (within the Kingdom of Lochac) with the authority to issue trainee cards.		
<b>Signature:</b>		<b>Date:</b>

<b>The officer receiving this paperwork must complete this section.</b>			
<b>Date this form received:</b>	<b>Who received the form:</b>	<b>Date card issued:</b>	<b>Who issued the card:</b>