

Kingdom of Meridies

Cut and Thrust Combat Authorization Form

SCA Name:	Mundane Name:
Address:	
Phone:	Email:
Membership #:	Local Group:

Cut & Thrust Authorization		Advanced Cut & Thrust Authorization	
Location:	Date:	Location:	Date:
Opponent(s):	Assisted:	Opponent(s):	Assisted:
Comments:		Comments:	
Auth. Marshal:	Passed? Yes No	Auth. Marshal:	Passed? Yes No
Melee Cut & Thrust Authorization			
Location:	Date:		
Opponent(s):	Assisted:		
Comments:			
Auth. Marshal:	Passed? Yes No		

Waiver of Informed Consent
<p>I, _____, having read and understood the contents of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in S.C.A. combat-related activities (such as rapier combat and marshaling) at events held by the Society for Creative Anachronism, Incorporated.</p> <p>I hereby acknowledge that I am fully aware of the nature and purpose of the activities of the Society for Creative Anachronism, Inc.;</p> <p>I acknowledge that these activities are potentially dangerous and that I voluntarily accept any risks involved. In consideration of my being permitted to take part in these activities, I agree to be bound by the rules of the Society for Creative Anachronism, Inc., and to obey the directions of the marshals and other governing officials of these activities. In the event of any disagreements or disputes arising from my taking part in these activities, I agree to submit such disagreements and disputes to a board of arbitration appointed by the Society for Creative Anachronism, Inc., and to abide by any decisions reached by such board. I agree to release, hold harmless and keep indemnified the Society for Creative Anachronism, Incorporated, its organizer and agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in these events even if the same may have been contributed to or occasioned by the negligence of the said body or in any of its agents, officials, servants or representatives. It is understood and agreed that this agreement is to be binding on myself, my heirs, executors and assigns.</p> <p style="text-align: center;">Signed: _____ Date: _____</p>

- ❖ **Keep a copy of this form to use as temporary (60 days) proof of authorization.**
- ❖ **This form will expire 60 days from the date of the Authorization. Please send it in for your Authorization Card as soon as possible. If you have not done so within the 60 days, then this authorization is null & void and you will need to re-authorize.**

<p>To receive your physical Authorization Card, Randi Cramer Send the original with a SASE and a copy of your membership card to: 8447 Old Spanish Trail Rd Pensacola, FL 32514</p> <p>To receive a digital Authorization card send a rapier.auth@meridies.org copy of this form and your membership card to:</p>
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