



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

The Applicant must complete this section.			
SCA Name:			
Legal Name:		Date of Birth:	
Address:			
Phone:		Email:	
Group		Membership No:	Membership Expiry:
ADULT PARTICIPANT REQUEST TO PARTICIPATE AND INDEMNITY			
I, the individual named above, 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 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 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 me to participate in combat related activities and I 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 my person or property arising out of or in connection with my participation in combat related activity.			
6. That I understand the purport and effect of this document.			
NB: Combatants in NZ are not required to sign this indemnity. When in Australia, NZ combatants must sign an indemnity.			
Signature:		Witness Signature:	Date:

The Authorising Marshal 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			
Marshal Authorisations					
NB: Marshal authorisations are only valid with a current SCA membership					
<input type="checkbox"/> Marshal	<input type="checkbox"/> Siege Marshal	<input type="checkbox"/> Rapier Marshal			
<input type="checkbox"/> Senior Marshal	<input type="checkbox"/> Target Archery Marshal	<input type="checkbox"/> Authorising Rapier Marshal			
				<input type="checkbox"/> Authorising C&T Marshal	
Marshal's Name:					
Marshal's SCA Name:					
Group		Membership No:	Membership Expiry:		
I authorise the applicant to participate in the activities shown above. I am a current rostered marshal (within the Kingdom of Lochac) with the authority to so authorise applicants.					
Signature:		Date:			

Paper work must be submitted with a stamped self-addressed envelope to the appropriate officer within 3 months.			
AUSTRALIA: Send completed forms to:			
Wendy Higgs(Countess Elizabeth de Foxle) PO box 287 Kippax Centre Holt ACT 2615			
NEW ZEALAND: Send completed forms to:			
SCANZ Lists, Flat 2, 6 Cheviot St, Spreydon, Christchurch 8024			

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