## MIDDLE KINGDOM MARTIAL ACTIVITY REPORT

SIGN-UP SHEET

O Armored Combat	O Rapier	O Equestrian	O Archery	O Other (please list)
Event:	Spons	soring Group:		Date:

## Society for Creative Anachronism, Inc.

P.O. Box 360789 Milpitas, California 95036-0789 Tel (408) 263-9305 Fax (408) 263-0641

## WAIVER AND INFORMED CONSENT TO PARTICIPATE IN SCA MARTIAL ACTIVITIES

I, the undersigned, having read and understood the content of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in SCA combat-related activities (such as armed combat, period fencing, marshalling, combat archery, scouting and banner-bearing) at events held by the Society for Creative Anachronism, Incorporated. I hereby acknowledge that I am fully aware of the nature and purpose of the activities of the Society for Creative Anachronism, Inc. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any risks involved. In consideration for my being permitted to take part in these activities, I agree to be bound by the rules for Society for Creative Anachronism, Inc. and to obey the directions of the marshals and other governing officials of activities. In the event of any disagreements or disputes arising from my taking part in these activities, I agree to submit such disagreements or 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 organizers 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 any of its agents, servants or representatives. It is understood and agreed that this agreement is to be binding on myself, my heirs, executors and assigns.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE

#	SCA Name	Legal name	Signature	List Offi	cial's Use	Marshal's Initials
				O Participant	O Cards	
1				O MiT	O Inspected	
				O Marshal	O Site	
				O Participant	O Cards	
2				O MiT	O Inspected	
_				O Marshal	O Site	
				O Participant	O Cards	
3				O MiT	O Inspected	
				O Marshal	O Site	
				<ul> <li>O Participant</li> </ul>	O Cards	
4				O MiT	O Inspected	
				O Marshal	O Site	
				<ul> <li>O Participant</li> </ul>	O Cards	
5				O MiT	O Inspected	
				O Marshal	O Site	
				<ul> <li>O Participant</li> </ul>	O Cards	
6				O MiT	O Inspected	
				O Marshal	O Site	
				O Participant	O Cards	
7				O MiT	O Inspected	
				O Marshal	O Site	
_				O Participant	O Cards	
8				O MiT	O Inspected	
				O Marshal	O Site	
_				O Participant	O Cards	
9				O MiT	O Inspected	
				O Marshal	O Site	
4.0				O Participant	O Cards	
10				O MiT	O Inspected	
				O Marshal	O Site	
44				O Participant	O Cards	
11				O MiT	O Inspected O Site	
				O Marshal		
12				O Participant O MiT	O Cards O Inspected	
12				O Marshal	O Inspected O Site	
					O Cards	
13				O Participant O MiT	O Inspected	
13				O Marshal	O Site	
					O Cards	
14				O Participant O MiT	O Cards O Inspected	
14				O Marshal	O Site	
_				O Marsnai O Participant	O Cards	
15				O MiT		
13				O Marshal	O Inspected O Site	

INSTRUCTIONS: Attach this form to the Martial Activity Report.
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This form supercedes the "Participants Sign-up," "Marshal's Roster" & "Combat Waiver."

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