

CHILD GUARDIAN CONSENT FORM

I _____ of _____, the current legal parent of
(child's parent) (parent's city & state)

_____ born on _____, hereby appoint
(child's name) (child's date of birth)

_____ of _____ as legal guardian for my child
(guardian's name) (guardian's city and state)

for the period of time beginning on _____ and ending on _____.

The guardian shall have the right to:

1. Determine and authorize necessary medical attention.
2. Provide necessary clothing, food, and shelter.
3. Generally act in loco parentis.

Executed this _____ day of _____, _____

(Parent's Signature)

State of _____

County of _____

On this _____ day of _____, _____, before me, the undersigned, a Notary Public in and for the State and County mentioned above, personally appeared _____, known to me or satisfactorily proven to be the person who executed the foregoing instrument, and who have acknowledged the execution of the same.

Subscribed and sworn to before me this _____ day of _____, _____.

My Commission Expires:

NOTARY PUBLIC

The Society for Creative Anachronism, Inc.

Medical Authorization for Minors

I, _____, the parent of or legal guardian of
_____, a minor, do hereby authorize any one or more of
_____ or

_____, as agents for myself in my absence or incapacitation to consent to any x-ray examination and anesthetic, medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital whether or not such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgement may deem advisable.

I hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the above-named agents upon the completion of treatment.

These authorizations shall remain effective until _____, _____.

Signature of Parent or Legal Guardian: _____

Date: _____

Please note any specific health plan or insurance information such as membership or policy numbers on the back of this form.

Copies of this form, duly executed, should be in the possession of the named minor; at least one adult named in the document and present at the event; and the parent or guardian executing the Medical Authorization.

The SCA requires minor participants (i.e., those having to have waivers) whose parents or legal guardians are not present at the event to have a valid Medical Authorization form. The SCA recommends use of the Medical Authorization for all minors whose parents or legal guardians are present.

STATE OF

COUNTY OF

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20

_____ (notary seal)

Notary Public

My Commission Expires:

The Society for Creative Anachronism, Inc.

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

MINOR'S CONSENT TO PARTICIPATE AND HOLD HARMLESS AGREEMENT

_____ (hereafter referred to as "the minor")
Print Minor's Legal Name

does hereby state that the minor wishes to participate in activities sponsored by the international organization known as the Society for Creative Anachronism, Inc., a California not-for-profit corporation (hereafter "SCA").

The SCA has rules which govern and may restrict the activities in which the minor can participate. These rules include, but are not limited to: Corpora, the By-laws, the various kingdom laws and the Rules for combat related activities.

The SCA makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the SCA.

The minor's parent(s) or guardian(s) understand that all activities are VOLUNTARY and that the minor does not have to participate. It is understood that these activities are potentially dangerous or harmful to the minor's person or property, and that by participating, the minor's parent(s) or guardian(s) voluntarily accepts and assumes the risk of injury to the minor or damage to the minor's property.

It is understood that the SCA does NOT provide any insurance coverage for the minor's person or property; and minor's parent(s) or guardian(s) acknowledge that they are responsible for the minor's safety and the minor's own health care needs, and for the protection of the minor's property.

In exchange for allowing the minor to participate in these SCA activities and events, the minor by and through the undersigned, agrees to release from liability, agrees to indemnify, and hold harmless the SCA, and any SCA agent, officer, or SCA employee acting within the scope of their duties, for any injury to the minor's person or damage to the minor's property.

This Release shall be binding upon the minor, the parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.

The minor's parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the SCA, its officers, agents and/or employees.

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

I, the undersigned, state that I am the parent or legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that said minor cannot participate under ANY circumstances in armored martial arts, any combat-related activities, combat-archery, or fencing without parental consent where such participation is allowed by kingdom law. The minor will not be able to participate in any SCA activities without entering into this agreement. This document is binding on myself, the said minor and any person suing on behalf of said minor.

Minor's Name (PRINT): _____

Birthdate of minor: _____ Home State of minor: _____

Legal Name (PRINT): _____
Parent/Guardian

Legal Name (SIGN): _____ Date: _____
Parent/Guardian

The Society for Creative Anachronism, Inc.

P.O. Box 360789 Milpitas, California 95036- 0789

Tel (406) 263- 9305 Fax (408) 263- 0641

MINORS' CONSENT TO PARTICIPATE AND HOLD HARMLESS AGREEMENT

The minors listed by name below (hereafter referred to as "the minors") do hereby state that the minors wish to participate in activities sponsored by the international organization known as the Society for Creative Anachronism, Inc., a California not- for- profit corporation (hereafter "SCA").

The SCA has rules which govern and may restrict the activities in which the minors can participate. These rules include, but are not limited to: Corpora, the By-laws, the various kingdom laws and the Rules for combat related activities.

The SCA makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the SCA.

The minors' parent(s) or guardian(s) understands that all activities are VOLUNTARY and that the minors do not have to participate. It is understood that these activities are potentially dangerous or harmful to the minors' persons or property, and that by participating, the minors' parent(s) or guardian(s) voluntarily accepts and assumes the risk of injury to the minors or damage to the minors' property.

It is understood that the SCA does NOT provide any insurance coverage for the minors' persons or property; and minors' parent(s) or guardian(s) acknowledge that they are responsible for the minors' safety and the minors' own health care needs, and for the protection of the minors' property.

In exchange for allowing the minors to participate in these SCA activities and events, the minors by and through the undersigned, agree to release from liability, agrees to indemnify, and hold harmless the SCA, and any SCA agent, officer or SCA employee acting within the scope of their duties, for any injury to the minors' persons or damage to the minors' property.

This Release shall be binding upon the minors, their parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minors' behalf. The minors' parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the SCA, its officers, agents and/or employees.

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

I, the undersigned, state that I am the parent or legal guardian of the minors whose names appear below. I understand that the above terms and conditions apply to said minors and to myself. I further understand that said minors cannot participate under ANY circumstances in armored martial arts, any combat- related activities, combat- archery, or fencing without parental consent where such participation is allowed by kingdom law. The minors will not be able to participate in any SCA activities without entering into this agreement. This document is binding on myself, the said minors and any person suing on behalf of said minors.

Home State of Minors: _____

Minor Legal Name : _____ Birthdate: _____

Minor Legal Name : _____ Birthdate: _____

Minor Legal Name : _____ Birthdate: _____

Minor Legal Name : _____ Birthdate: _____

Minor Legal Name : _____ Birthdate: _____

Parent/Guardian
Legal Name (PRINT): _____

Parent/Guardian
Legal Name (SIGN): _____

Date: _____ SCA EVENT: _____