

# Gleann Abhann Youth Rapier Authorization Form

New \_\_\_\_ Renewal \_\_\_\_ Age Group \_\_\_\_\_  
SCA Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Mundane Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Membership# \_\_\_\_\_  
Single Rapier \_\_\_\_ Case of Rapier \_\_\_\_ Dagger \_\_\_\_  
Rigid Parry \_\_\_\_ Non-Rigid \_\_\_\_  
Marshal \_\_\_\_\_ Member# \_\_\_\_\_  
Parent  
Name(print) \_\_\_\_\_  
Parent  
Signature \_\_\_\_\_

**Keep this copy – It is your proof of authorization for 60 days**

------(Cut Here)-----

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Mundane Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
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Single Rapier \_\_\_\_ Case of Rapier \_\_\_\_ Dagger \_\_\_\_  
Rigid Parry \_\_\_\_ Non-Rigid \_\_\_\_  
Marshal \_\_\_\_\_ Member# \_\_\_\_\_  
Parent Name (Print) \_\_\_\_\_  
Parent Signature \_\_\_\_\_

**Authorizing Marshal should send this copy to the Kingdom Rapier  
Authorization Records Marshal.**

**Instructions**

- ⊕ Fill out **both copies** of this form completely.
- ⊕ If adding a new form, mark all forms as either OLD or NEW.

**YOUR AUTHORIZATION WILL NOT BE PROCESSED WITHOUT A SIGNED WAIVER!**

Mail the completed bottom half of this page to the Kingdom Rapier Authorization Records Marshal at:

A self-addressed stamped envelope would be greatly appreciated. The top half of this form is your temporary authorization card for the forms checked off on the front. It is good for 60 days from the date you authorized.

**Authorizations are good for a maximum of three (3) years or expire on your 18<sup>th</sup> birthday.**

I understand and acknowledge that participation in the event or activity is potentially dangerous, both because of the nature of the event or activity and because of the possibility that some condition of the property where the event or activity is to be held may cause injury to me. I acknowledge and understand that SCA will not permit me to participate in the event or activity unless I agree to all of the terms and conditions in this document, and that is acceptable to me and my parent or guardians. In return for SCA's permission to allow me to participate in the above SCA event or activity, I agree as follows:

1. I, me, and my parent or guardians expressly assume the risk of any injury whatsoever, no matter how serious or what its nature, no matter what its cause, whether caused by active or passive negligence of SCA or anyone else, by a condition of the property , or by any other cause.
2. I me and my parent or guardians, expressly release from liability, agree and covenant not to sue SCA, any SCA agent, SCA employee, SCA independent contractor or any other person for any injury I may receive arising out of participation in the above SCA event or activity, no matter how serious the injury is or what its nature is, and no matter what its cause.
3. I me and my parent or guardians, expressly agree to defend, hold harmless and to indemnify SCA and its agents respecting any claim made against SCA or its agents arising out of my participation in the above SCA event or activity .
4. I me and my parent or guardians, have read and understood each of the terms and conditions in this document and understand that my agreement to them is a condition of participation in the above SCA event or activity.

**THIS IS A LEGAL DOCUMENT. YOU SHOULD NOT SIGN UNLESS YOU HAVE READ IT AND UNDERSTAND IT.**

Print Minor's Legal

Name: \_\_\_\_\_

Print Parent/Guardian's Legal

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_