

**REQUEST TO PARTICIPATE AND INDEMNITY - ADULT MEMBER**

**To be signed by members with proof of membership but without proof of indemnity signed within the previous 12 months.**

**Request to Participate and Indemnity**

I, \_\_\_\_\_ (print full legal name)

of \_\_\_\_\_ (address)

being a member of the Society for Creative Anachronism (the Society), request permission to be present and to participate in the event and activities detailed hereunder. On being granted your permission I, for myself, my heirs and executors ACKNOWLEDGE AND AGREE:-

1. That I am fully aware of the activities to be engaged in and that they may be dangerous.
2. That I understand that some activities in the Society may be constrained by local laws and I shall take personal responsibility for learning and following those laws.
3. That I voluntarily accept the risks involved.
4. That I shall obey the proper direction of all authorised officials of the Society and that may be excluded from participating by my failure or refusal to do so.
5. That I acknowledge that the consumption of alcohol or any mind altering drugs increase the risks, and I take full responsibility for any injury, loss or damage associated with their consumption.
6. That equestrian and combat related activities are dangerous.
7. That I will not participate in any combat related or equestrian activities that I am not appropriately authorised to participate in.
8. That being given permission by an authorised official of the Society to participate in equestrian activities, armoured combat, rapier combat or as a trainee combatant or Marshall, 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.
9. That I shall indemnify and keep indemnified the Society and all members thereof, 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 membership or my attendance at or my participation in any activity of the Society.
10. That I am over 18 years of age and that I understand the purport and the effect of this document.

EVENT & PLACE: \_\_\_\_\_

ACTIVITIES PERMITTED: \_\_\_\_\_

SIGNED: \_\_\_\_\_ WITNESS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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EVENT & PLACE: \_\_\_\_\_

ACTIVITIES PERMITTED: \_\_\_\_\_

SIGNED: \_\_\_\_\_ WITNESS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_