

TRANSFER OF GUARDIANSHIP

Original to Event Constable, must be archived with minor indemnity. Copy to be with Minor at all times.

I, _____ (print full legal name of legal guardian)

of _____ (address)

being the legal guardian of _____ (print full legal name of minor), ("the minor") being a minor of the age of _____ years, (____/____/____ DOB), request permission for the minor to be present at and to participate in the events and activities of the Society for Creative Anachronism Ltd (the Society").

I further appoint _____ (print full legal name)

of _____ (address)

as temporary guardian of said minor for the the the SCA Ltd Event: _____

To be held on Date: ____/____/____, and for the temporary guardian to make decisions on medical treatment if injured and the parent cannot conveniently be contacted.

The minor suffers from the following medical conditions: _____

I understand that the temporary guardian must be present at all times in my absence, or the minor will be required to leave the event. I give permission for the minor to participate in all activities for which he/she may be authorised under the rules and regulations of the SCA Ltd including: Target Archery, Rapier and Armoured Combat (including training)

Other: _____ (specify)

My emergency contact details are: _____ (mobile)

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 to the minor.
2. That I understand that some activities in the Society may be constrained by local laws and I shall take personal responsibility for ensuring the minor knows and follows those laws.
3. That I voluntarily accept the risks involved.
4. That I alone shall be responsible at all times for the acts of the minor and shall obey the proper direction of all authorised officials of the Society and that I and the minor 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 the minor will not participate in any combat related or equestrian activities that the minor is 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 a person to participate in combat related activities and the minor 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 the minor or his/her property arising out of or in connection with his/her attendance at or participation in any activity of the Society.
10. That I understand the purport and the effect of this document.

SIGNED: _____ WITNESS: _____ DATE: ____/____/____

I, _____ (print full legal name)

of _____ (address)

_____ (society name) _____ (membership number) _____ (expiry date)

I agree to act as guardian for the above Minor for the event mentioned on the date specified. I understand that I must be present all times or the minor will be required to leave the event. I understand that I am fully responsible for the safety of the minor in the absence of the Parent or Guardian.

SIGNED: _____ WITNESS: _____ DATE: ____/____/____