RELEASE OF LIABILITY

THE SOCIETY FOR CREATIVE ANACHRONISM, INC.

I/We,	and	, of
(Legal name of minor's custodial p		of minor's other custodial parent
guardian)	or legal guard	ian, if applicable)
		4
(Street address)	(City and state)	, are the custodial
(Street address)	(City and state)	
parent(s) or legal guardian(s) of		, born on
	(Legal name of minor participant)	(Minor's birthdate)
I/We do hereby give consent to the a	above-listed minor for full p	participation in all aspects of the Society
for Creative Anachronism, Inc. armo	ored combat according to th	e rules set forth by the Society. This
includes training practices, tourname	ents, and melees.	
		e participating in, and understand that
he/she will be in direct competition	with full-grown adult men a	and women. I/We also understand that
	•	n participation in it. I/We will not hold
responsible, nor will make any claim	2	ŕ
representatives for any loss or hards	hip caused by any injuries o	or mishaps which might occur.
I/We also attest that		, has attained the age of
(Minor's legal na	me)	
sixteen (16) years old, and is both physically and mentally capable of these activities.		
		<u> </u>
Signature of custodial parent or lega	l guardian	Date
Signature of custodial parent or lega	l guardian	Date
Signification of the state of 10gai gamentain		2 4.0
Signature of participant (minor)		Date
Signature of Witness		Date
5		
C. C. C. W.		
Signature of Witness		Date

NOTE TO WITNESSES: Be sure to see picture ID to verify parent, guardian, and minor identification.