

The Society for Creative Anachronism, Inc.
Kingdom of Trimaris

Minor's Permission Form/Waiver

Minors will not be allowed to attend SCA events without signed release forms. In Florida, such forms must be notarized. Legal minority is determined by the state in which the event is held, not the state of residency.

Minor's Permission Form – Event Waiver

I, _____ parent/guardian of _____ do hereby declare my full understanding of his/her intention to participate in the event to be held by the society for Creative Anachronism, Inc. on (date) _____ at (site) _____ in (city) _____. I declare that I have made myself fully aware of the danger to his/her person and property presented by such participation and do hereby grant him/her permission to participate in said event, and to hold harmless all other participants in this event and the Society for Creative Anachronism, Inc. from liability for personal injury or property damage which may arise by reason of, or as a result from, his/her participation in said event.

Parent/guardian: _____ Date: _____

Signature: _____

Signature of Notary: _____ Date: _____

Commission #: _____ Expiration Date: _____

TO BE SIGNED AT REGISTRATION

Person responsible for minor's conduct at this event:

Legal Name: _____ Date: _____

Signature: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

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Minor's Permission Form – Medical & Travel Consent

(To be kept by the appointed adult guardian – must be notarized in Florida)

I do hereby give to _____ known in the SCA as _____ the authority and responsibility to care and govern my child/ward _____ known in the SCA as _____ and to act in my place as parent/guardian of said child and exercise such duties and responsibilities as I myself would discharge including, but not limited to the authority to seek and approve appropriate medical treatment, to administer appropriate discipline if necessary. This authority shall hold from (date) _____ to (date) _____ during the (event) _____ held at (site) _____ in (city) _____ and shall include the time needed to travel to and from said event. I assume all financial and legal responsibility for emergency medical treatment.

Insurance Company: _____ Policy: _____

Parent/guardian: _____ Date: _____

Signature: _____

Address: _____

Phone Number: (_____) _____ - _____

Signature of Notary: _____ Date: _____

Commission #: _____ Expiration Date: _____

Person who can locate parents at all times: _____

Address: _____

Phone Number: (_____) _____ - _____