



**KINGDOM OF LOCHAC  
SOCIETY FOR CREATIVE ANACHRONISM INC.  
EQUESTRIAN AUTHORISATION FORM - ADULT RIDER  
DO NOT REDUCE THIS FORM - PLEASE PRINT CLEARLY**

<b>The Applicant must complete this section.</b>			
SCA Name:			
Legal Name:		Date of Birth:	
Address:			
Phone:		Email:	
Group		Membership No:	Membership Expiry:
<b>ADULT PARTICIPANT REQUEST TO PARTICIPATE AND INDEMNITY</b>			
I, the individual named above, being a participant of the Society for Creative Anachronism ("the Society"), request permission to participate in the equestrian related activities of the Society. On being granted permission I, for myself, my heirs and executors ACKNOWLEDGE AND AGREE:			
1. That I am fully aware of the nature of the activities to be engaged in and that they are dangerous.			
2. That I voluntarily accept the risks involved.			
3. That I shall be bound by the rules of the Society, obey the proper directions of all authorised officials and accept the decisions of the Society in respect thereof.			
4. That this permission alone does not authorise me to participate in equestrian related activities and I must complete, to the satisfaction of the Society or its officials, any other authorisation procedure required by the Society.			
5. That I indemnify and keep indemnified the Society and all its members 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 participation in equestrian related activity.			
6. That I understand the purport and effect of this document.			
NB: Riders in NZ are not required to sign this indemnity. When in Australia, NZ riders must sign an indemnity.			
Signature:		Witness Signature:	Date:

<b>The Authorising Marshal must complete this section.</b>			
<input type="checkbox"/> New Authorisation	<input type="checkbox"/> Upgrade of Authorisation	<input type="checkbox"/> Renewal of Authorisation	
Applicant has been authorised for:			
Equestrian Authorisations			
<input type="checkbox"/> General Riding	<input type="checkbox"/> Mounted Games	<input type="checkbox"/> Crest Combat (Light)	
<input type="checkbox"/> Driving	<input type="checkbox"/> Mounted Archery	<input type="checkbox"/> Heavy Mounted Combat	
Marshal Authorisations			
NB: Marshal authorisations are only valid with a current SCA membership			
<input type="checkbox"/> Equestrian Marshal	<input type="checkbox"/> Authorising Equestrian Marshal		
Marshal's Name:			
Marshal's SCA Name:			
Group		Membership No:	Membership Expiry:
I authorise the applicant to participate in the activities shown above. I am a current rostered marshal (within the Kingdom of Lochac) with the authority to so authorise applicants.			
Signature:			Date:

Paper work must be submitted with a stamped self-addressed envelope to the appropriate officer within 3 months.			
<b>AUSTRALIA: Send completed forms to:</b> Rowland Bridgeford, P.O. Box 187 Callaghan NSW 2308			
<b>NEW ZEALAND: Send completed forms to:</b> SCANZ Lists, 24 Meadowville Ave, Spreydon, Christchurch 8024			

<b>The officer ISSUING the card must complete this section.</b>			
Date this form received:	Who received the form:	Date card issued:	Who issued the card: