

Caid Authorization Form (rev. 8/2018)

NEW REAUTHORIZATION ADDITIONAL AUTHORIZATION(S)

TO BE FILLED OUT BY AUTHORIZING INDIVIDUAL
SCA Name (Must have at least two names for the database)

Legal Name

Street Address

City

State

Zip

Daytime Telephone Number

Evening Telephone Number

Email Address

Society Location (Barony, Shire, Canton or College)

Gender

(M/F)

Date of Birth (mm/dd/yyyy)

SCA Membership Number (required for marshals)

SCA Membership Expiration (mm/dd/yyyy)

/ /

TO BE FILLED OUT BY AUTHORIZING MARSHAL(S)

Expiration date of Authorization Card: _____ (mm/dd/yyyy)
(All authorizations are issued for a period of up to four (4) years and expire on the participant’s date of birth. Minor’s authorizations expire on their 18th birthday.)

Authorization(s): (Circle authorization(s) performed)

Armored Combat	ACOH (One Handed) – ACTH (Two Handed) – ACCA (Combat Archery) – ACSG (Siege Weapons) ACMiT - ACM (Marshal) – ACSM (Senior Marshal)
Rapier Combat (attach test)	RLR (Light Rapier) – RHR (Heavy Rapier) – RCT (Cut and Thrust) RMiT – Marshal (RM) – RPM (Provost Marshal) – RRPM (Regional Provost Marshal)
Unarmored Combat (attach checklist)	UCL (Longsword) – UCSB (Sword and Buckler) UCMiT – UCM (Marshal) – UCSM (Senior Marshal)
Equestrian (attach waiver and checklist)	EQGR (General Rider) – EQMG (Mounted Games) – EQAY (Mounted Archery) – EQCC (Crest Combat) EQJ (Jousting) – EQGD (General Driving) – EQDG (Driving Games) – EQMC (Mounted Combat) EQMiT – EQM (Marshal)
Target Archery (attach test/checklist)	TAHB (Handbow) – TACB (Crossbow) – TAJHB (Junior Handbow) TARMiT – TARM (Range Marshal) – TASM (Senior Range Marshal)
Thrown Weapons	TWA (All) TWRMiT – TWRM (Range Marshal) – TWSM (Senior Range Marshal)
Youth Combat (attach checklist)	YCOH (One Handed) – YCTH (Two Handed) – YCTT (Thrust) YCMiT – YMiT – YCM (Marshal) – YM (Youth Marshal) – YCSM (Senior Marshal)

Date Authorized: _____ (mm/dd/yyyy)

Authorizing Marshal: _____
(Print and Sign LEGAL name. There is an area on the back of this form for any additional signatures that may be needed.)

Kingdom of Caid
Temporary Authorization Card

SCA Name: _____

Legal Name: _____

Issuing Marshal: _____

Issued: _____ Expires: _____

This card is your authorization to participate in SCA combat activities. It must be presented to the Lists Officer at SCA events, and you may be requested to show it to the marshals at any time.

_____ CHECK HERE IF MINOR
(If checked, the MINOR'S CONSENT TO PARTICIPATE AND HOLD HARMLESS AGREEMENT form must be attached.)

Marshal: After this form has been completed issue a permanent or temporary card to the newly authorized (or update their existing card) and send this form to the Marshal Clerk or the Earl Marshal.

Mail this form (and any attachments) to:
Caid Earl Marshal, Sir Ketill Olafsson
3901 Wood Lane, Bakersfield CA 93309

Or scan and email this form (and any attachments) to:
marshalclerk@sca-caid.org

Caid Authorization Form

If the authorizing individual does not have proof of a signed waiver (for example, a signed blue membership card) prior to the authorization, the candidate and the authorizing marshal will properly complete a waiver (SCA, Inc. form titled CONSENT TO PARTICIPATE AND RELEASE LIABILITY). The original document can be obtained at: <http://sca.org/docs/waivers.html>

The Society for Creative Anachronism, Inc.

P.O. Box 360789. Milpitas, California 95036-0789. Tel (408) 263-9305. Fax (408) 263-0641

CONSENT TO PARTICIPATE AND RELEASE LIABILITY

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the international organization known as the Society for Creative Anachronism, Inc., a California not-for-profit corporation (hereafter "SCA").

The SCA has rules which govern and may restrict the activities in which I can participate. These rules include, but are not limited to: Corpora, the By-laws, the various kingdom laws and the Rules for combat related activities.

The SCA makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the SCA. I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to my property.

I understand that the SCA does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property.

In exchange for allowing me to participate in these SCA activities and events, I agree to release from liability, agree to indemnify, and hold harmless the SCA, and any SCA agent, officer, or SCA employee acting within the scope of their duties, for any injury to my person or damage to my property. This Release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the SCA, its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL IT'S TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Legal Name (PRINT): _____

Legal Name (SIGN): _____

Date: _____

ADDITIONAL AUTHORIZING MARSHAL(S) SIGNATURE(S)
(Print and Sign LEGAL name)

The holder is authorized in the listed combat-related activities.

Auth code(s) Date Marshal Auth code(s) Date Marshal

If the authorizing marshal does not have a permanent card on hand keep the temporary card as proof of your authorization. When the Marshal Clerk has entered you in the database you can exchange your temporary card for a permanent card with your local Lists Officer.