

# TRANSFER OF GUARDIANSHIP

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

To: Board of Directors, Society for Creative Anachronism Ltd.

I, \_\_\_\_\_ (print full legal name of parent/guardian) of \_\_\_\_\_ (address) being the parent/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, and for the guardian to make decisions on medical treatment if injured and the parent cannot conveniently be contacted. The minor suffers from the following medical conditions: \_\_\_\_\_

for: \_\_\_\_\_ Tick relevant box only

A] The SCA Ltd Event: \_\_\_\_\_ To be held on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

B] the temporary guardian of said minor for all SCA LTD events for the next 12 months commencing from the date this form is signed

I understand that the guardian must be at the event in my absence, providing the level of supervision pre-agreed with me, 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 learning and following 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 of damage associated with their consumption.
6. 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 or my property arising out of or in connection with his/her attendance or participation in any activity of the Society.
7. 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)

By signing I agree to act as guardian for the above Minor for the event mentioned on the date specified. I understand that I must provide the pre-agreed level of supervision and be at the event 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: \_\_\_\_/\_\_\_\_/\_\_\_\_