

# Pantheria XV Pre-Registration Form

**Please Print:**

Legal Name: \_\_\_\_\_  
Last First

Mailing Address: \_\_\_\_\_  
Street City State Zip

E-mail address (if you want registration confirmed) \_\_\_\_\_

Phone: \_\_\_\_\_ Membership Card # \_\_\_\_\_

Vehicle License Plate # \_\_\_\_\_

Participants	Number	Camping	Daytripper	Extended
Number of Adults (age 18 and up)		@ \$20.00	@ \$10.00	
Number of Youths (6-17)*		@ \$10.00	@ \$5.00	
Number of Children (5 and under)*		FREE	FREE	
Subtotal (Family cap @ \$60.00)				
Total Number of Adult Non-Members		@ \$3.00	@ \$3.00	
Cabin / Tent rental (\$5 per night or \$10 for three)		# of nights		
Total Number for Feast **			@ \$10.00	
PLEASE make checks payable to Shire of Panthervale, SCA inc.			Grand Total	

Special Needs and/or Notes:

  
  
  

Reservations Clerk use ONLY

Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Date Deposited \_\_\_\_\_ Vehicle ID #s \_\_\_\_\_

Notes:

**Additional Pre-Registrations**  
(do not include yourself)

Legal Name ( Last, First ) \_\_\_\_\_

Age: Child (0-5)\* Youth (6-17) Adult (18+) SCA Member: Yes No BC# \_\_\_\_\_

Legal Name ( Last, First ) \_\_\_\_\_

Age: Child (0-5)\* Youth (6-17) Adult (18+) SCA Member: Yes No BC# \_\_\_\_\_

Legal Name ( Last, First ) \_\_\_\_\_

Age: Child (0-5)\* Youth (6-17) Adult (18+) SCA Member: Yes No BC# \_\_\_\_\_

Legal Name ( Last, First ) \_\_\_\_\_

Age: Child (0-5)\* Youth (6-17) Adult (18+) SCA Member: Yes No BC# \_\_\_\_\_

**\* All children and youths under 18 MUST have a Child Waiver signed by an accompanying parent or legal guardian and be on file at Troll prior to admission.**  
*(Note: A Minor's Blue Card serves this purpose.)*

**\*\* Your reservation for Feast is not guaranteed unless it is PAID. If feast is full, your money will be refunded and you will be given the option to be placed on a waiting list.**

**\*\*\* Please make checks payable to: Shire of Panther Vale, SCA Inc.**

Any questions, please contact the Registration Clerk:

**Reservations@panthervale.com**

Preferred method of contact for questions:

**Email**

Mail this form, any waivers and your check to:

**Pantheria Registration**

**c/o Joanna VonCulin**

**179 Sparhawk Road**

**Greensboro Bend, VT 05842**

For faster check in at Pantheria Send the following along with this form:

**Complete Contact Information**

**Copies of Membership Cards for all that have them**

**Minor's Consent form**

**Signed and Notarized Minor Medical Release Forms**

**Equine Waiver for everyone**

**Full Payment**

WAIVER AND INFORMED CONSENT TO PARTICIPATE  
IN S.C.A, Inc. EQUESTRIAN ACTIVITIES

**State of Vermont Equine Liability Form** Rev 2007

NOTICE: Please read this document before signing. Signing this document affirms that you have read it and understand it in its entirety.

The Equine Activity Liability laws of the State of Vermont, Title 12 V.S.A Chapter 27 §1039, state among its statutory provisions that "WARNING: Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. § 1039. (Added 1995, No. 136 (Adj. Sess.), § 2.)

Society for Creative Anachronism, Inc. ("SCA")

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

WAIVER AND INFORMED CONSENT TO PARTICIPATE IN SCA EQUESTRIAN ACTIVITIES

I, the undersigned, having read and understood the content of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in SCA period equestrian-related activities including but not limited to, riding or authorization check rides, horse-handling, ground crew, mounted games and combat, marshalling, or being present at equestrian activities as an observer or other activity related, however slight, to equestrian activities at events held by the Society for Creative Anachronism, Incorporated. I hereby acknowledge that I am fully aware of the nature, purpose and risks of equine activities of the SCA, Inc.. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any of the inherent risks involved. In consideration for my being permitted to take part in these activities, I agree to be bound by the rules of the SCA, Inc. and to obey the directions of the marshals and other governing officials of activities. In the event of any disagreements or disputes arising from my taking part in these activities, I agree to submit such disagreements or disputes to a board of arbitration appointed by the SCA, Inc. and abide by any decisions reached by such board. I agree to release, hold harmless, and keep indemnified the Society of Creative Anachronism, Inc., its organizers and agents, officials, servants, and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in these events even if the same may have been contributed to or occasioned by the negligence of the said body or any of its agents, servants, or representatives. It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors and assigns under the laws of the State of Vermont related to Equine Activity Liability.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE. I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH EQUINE RELATED ACTIVITIES.

Legal Name (Please Print), Legal Signature, Date EMIC \_\_\_\_\_ EVENT \_\_\_\_\_

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

# The Society for Creative Anachronism, Inc.

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

## **MINOR'S CONSENT TO PARTICIPATE AND HOLD HARMLESS AGREEMENT**

\_\_\_\_\_ (hereafter referred to as "the minor")

Print Minor's Legal Name

does hereby state that the minor wishes 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 the minor 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.

The minor's parent(s) or guardian(s) understand that all activities are VOLUNTARY and that the minor does not have to participate. It is understood that these activities are potentially dangerous or harmful to the minor's person or property, and that by participating, the minor's parent(s) or guardian(s) voluntarily accepts and assumes the risk of injury to the minor or damage to the minor's property.

It is understood that the SCA does NOT provide any insurance coverage for the minor's person or property; and minor's parent(s) or guardian(s) acknowledge that they are responsible for the minor's safety and the minor's own health care needs, and for the protection of the minor's property.

In exchange for allowing the minor to participate in these SCA activities and events, the minor by and through the undersigned, agrees to release from liability, agrees 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 the minor's person or damage to the minor's property.

This Release shall be binding upon the minor, the parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.

The minor's parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the SCA, its officers, agents and/or employees.

## **PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:**

I, the undersigned, state that I am the parent or legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that said minor cannot participate under ANY circumstances in armored martial arts, any combat-related activities, combat-archery, or fencing without parental consent where such participation is allowed by kingdom law. The minor will not be able to participate in any SCA activities without entering into this agreement. This document is binding on myself, the said minor and any person suing on behalf of said minor.

Minor's Name (PRINT): \_\_\_\_\_

Birthdate of minor: \_\_\_\_\_ Home State of minor: \_\_\_\_\_

Legal Name (PRINT): \_\_\_\_\_

Parent/Guardian

Legal Name (SIGN): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

**The Society for Creative Anachronism, Inc.**

**Medical Authorization for Minors**

I, \_\_\_\_\_, the parent of or legal guardian of  
\_\_\_\_\_, a minor, do hereby authorize any one or more of  
\_\_\_\_\_, \_\_\_\_\_ or

\_\_\_\_\_, as agents for myself in my absence or incapacitation to consent to any x-ray examination and anesthetic, medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital whether or not such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgement may deem advisable.

I hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the above-named agents upon the completion of treatment.

These authorizations shall remain effective until \_\_\_\_\_, \_\_\_\_\_.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please note any specific health plan or insurance information such as membership or policy numbers on the back of this form.**

**Copies of this form, duly executed, should be in the possession of the named minor; at least one adult named in the document and present at the event; and the parent or guardian executing the Medical Authorization.**

**The SCA requires minor participants (i.e., those having to have waivers) whose parents or legal guardians are not present at the event to have a valid Medical Authorization form. The SCA recommends use of the Medical Authorization for all minors whose parents or legal guardians are present.**