SOCIETY FOR CREATIVE ANACHRONISM, INC.
P.O. Box 360789. Milpitas, California 95036-0789. Tel (408) 263-9305. Fax (408) 263-0641

State of Nebraska Liability Form

The Equine Activity Liability laws of the State of Nebraska, as may be amended from time to time, § 25-21,253, state among its statutory provisions that "WARNING: Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to sections 25-21,249 to 25-21,253."

WAIVER AND INFORMED CONSENT TO PARTICIPATE AND RELEASE LIABILITY IN SCA ACTIVITIES WHICH MAY INCLUDE EQUESTRIAN ACTIVITIES

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the Society for Creative Anachronism, Inc., affiliated organizations, and subsidiaries (hereafter collectively the "SCA"), which may include being present at or participating in, however slight, equestrian activities at events held by the 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, Corporate Policies and By-Laws, officer handbooks, the various kingdom laws, and the rules for combat and equestrian related activities. I agree to be bound by the rules of the SCA and any site that an SCA event is held at. I acknowledge that I am fully aware of the nature, purpose, and risks of these activities of the SCA (including equine activities). I further acknowledge that these 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 and that I voluntarily accept any of the inherent risks involved, including risk of injury to myself or damage to my property. The SCA makes no representations or claims as to the condition or safety of land, structures, or surroundings, whether or not owned, leased, or maintained by the SCA.

I agree to obey the directions of the marshals and other governing officials of SCA activities. In the event of any disagreements or disputes arising from my taking part in these activities, I agree to the dispute resolution procedures set forth in Corpora or any handbooks promulgated by the SCA.

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, even if the same may have been contributed to or occasioned by the negligence of the above.

It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors, and assigns. 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, my own health care needs, and for the protection of my property. 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 ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNFICANCE.

Legal Name (Please Print), Legal Signature, Date EqMIC _____ EVENT _____ DATE _____