



Trimarian Marshallate

Tourney /Event Report

Date of Report \_\_\_\_\_

Submitted By: \_\_\_\_\_

mka: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Marshal-in-Charge \_\_\_\_\_

Name/Description of Event \_\_\_\_\_

Location \_\_\_\_\_

Date Event Held \_\_\_\_\_ Number of Fighters \_\_\_\_\_

Weapon Restrictions/Modification

Winner of List \_\_\_\_\_

Chirurgion in Charge \_\_\_\_\_

Problems *(explain on separate sheet if necessary)*

Comments

Return completed form to Earl Marshal within 2 weeks of event.



This form should be used only if the incident is serious enough that it required sanction. (i.e. Fighter removed from the field, list, had to be reprimanded etc.) Use common sense and be as objective as possible. Keep a copy for your files and send one to the Earl Marshal within two weeks of the incident.

Date of Report \_\_\_\_\_

Submitted By: \_\_\_\_\_

mka \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name/Description of Event \_\_\_\_\_

Location \_\_\_\_\_

Date Event Held \_\_\_\_\_

SCA Name of individual(s) involved in incident: \_\_\_\_\_

Group or household associated with: \_\_\_\_\_

Give as complete a description as possible of incident and **individual(s)** involved, be sure to include any sanctions, warnings etc. imposed at the event (use back or extra sheets if necessary)



This form should be used only if the injury is serious enough that it requires medical attention. Use common sense and be objective as possible. Keep a copy for your files and send one to the **Earl** Marshal and one to the Kingdom Chirurgeon within two weeks of the incident.

Date of Report 12/

Submitted By: \_\_\_\_\_

mka \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name/Description of Event \_\_\_\_\_

Location \_\_\_\_\_

Date Event Held \_\_\_\_\_

Cirurgion on site: \_\_\_\_\_

mka: \_\_\_\_\_ Phone \_\_\_\_\_

SCA Name of injured: \_\_\_\_\_

Mundane Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Give as complete a description as possible of incident and nature of injuries (use back and/or extra sheets if necessary):

# Kingdom of Trimaris

## Combat -Related Activities Authorization Information Form

(Print legibly)

Mundane Name: \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (mi)

Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
(street, P.O. box, etc.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(city) (country) (state) (zip)

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yy)

Card#: _____
Date Recieved: _____
Date Issued: _____
Date Expires: _____
(Official use only)

SCA Name: \_\_\_\_\_ Card #: \_\_\_\_\_  
(include titles, lord, sir, etc...) (if already authorized)

Shire/Barony: \_\_\_\_\_ Household affiliation: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_ Place of Authorization: \_\_\_\_\_  
(mm/dd/yy) (Event name/ Practice/ etc...)

(To be completed by authorizing officials)

**Type of Authorization:**       New                       Renewal                       Additional styles  
(check only one)

**Area of Authorization:**       Armored Combat    Rapier Combat                       Non-Contact  
(check only one)

**Authorized Styles/Activities:** (check all that apply)

- |   |  |  |   |
|---|--|--|---|
| <b>Armored Combat (A/C)</b>                 | <b>Rapier Combat (R/C)</b>                 | <b>Marshaling (M)</b>                      | <b>Non-Contact (N/C)</b>                    |
| <input type="radio"/> Weapon/ Shield (W/S)  | <input type="radio"/> Rapier only (RO)     | <input type="radio"/> Armored Combat (ACM) | <input type="radio"/> Field Herald (FH)     |
| <input type="radio"/> Two weapons (TW)      | <input type="radio"/> Rapier Brace (RB)    | <input type="radio"/> Rapier Combat (RCM)  | <input type="radio"/> Water Bearer (WB)     |
| <input type="radio"/> Two hand weapon (THW) | <input type="radio"/> Defense second (D/S) | <input type="radio"/> Combat Archery (CAM) | <input type="radio"/> Field Chirurgeon (FC) |
| <input type="radio"/> Spear (SP)            | <input type="radio"/> Cloak (CL)           |  | <input type="radio"/> Scout (ST)            |
| <input type="radio"/> Combat Archery (C/A)  | <input type="radio"/> Main Gauche (R/M)    |  |   |

(for additional styles: initials in parenthesis should be written on the back of card and initialed by authorizing official)

**Authorizing Officials:** Print SCA and sign mundane

<small>(SCA name)</small>	<small>(Mundane name) (date)</small>
<small>(SCA name)</small>	<small>(Mundane name) (date)</small>

Signatures for Authorization: For Armored combat, except of C/A, requires a member of the Chivalry and a warranted ACM or two members of the Chivalry. For C/A, an authorized CAM is required and a member of the Chivalry. For Rapier Combat, two warranted RCMs. For non-contact, any warranted marshal or member of the Chivalry. All marshal authorizations require the signature of the Kingdom level supervisor.

A separate Authorization form is needed for each **AREA** of authorization, i.e. Armored combat, Rapier combat, etc. For Armored combat and non-contact this form should be delivered to the Earl Marshal or their designated representative. For Rapier combat this form should be delivered to the Kingdom Rapier Marshal or their designated representative. For renewals, enclose a copy of old card or retain appropriate signatures above. For **NEW** authorizations, enclose a copy of SCA membership card. A copy of this form should be retained by the participant and any local marshals.

Issuing Marshal: \_\_\_\_\_ (SCA) \_\_\_\_\_ (Mundane) \_\_\_\_\_ (date)

**The Society For Creative Anachronisms, Inc.**  
**Waiver and Informed Consent to Participate in SCA Combat-Related Activities**

I, \_\_\_\_\_ of  
(Print Legal Name)

\_\_\_\_\_  
(Address) (Apt) (Ph. #)

\_\_\_\_\_  
(City) (St.) (Zip)

having read and understood the contents of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in SCA combat-related activities (such as armored combat, rapier combat, combat archery, marshaling, heralding, water bearing, etc.) at events held by The Society for Creative Anachronism, Incorporated.

I hereby acknowledge that I am fully aware of the nature and purpose of the activities of the Society For Creative Anachronisms, Inc. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any risks involved. In consideration of my being permitted to take part in these activities, I agree to be bound by the rules of the Society For Creative Anachronisms, Inc., and to obey the directions of the marshals and other governing officials of these 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 Society For Creative Anachronisms, Inc., and to abide by any decisions reached by such a board. I agree to release, hold harmless, and keep indemnified the Society For Creative Anachronisms, 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 contributed to or occasioned by the negligence of the said body or of any of its agents, officials, servants or representatives. It is understood and agreed that this agreement is to be binding on myself, my heirs, executors and assigns.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print SCA Name: \_\_\_\_\_

\_\_\_\_\_  
(witness) (witness)

This waiver MUST be signed, dated, and witnessed prior to reception of an authorization card for combat-related activities. Present this waiver to the issuing official along with authorization form to receive an Authorization card.

This Waiver does not need to be re-executed for additional style authorizations.

This waiver must be re-executed when renewing an expired authorization card.

**THIS WAIVER ALONE DOES NOT AUTHORIZE PARTICIPATION IN COMBAT RELATED ACTIVITIES. ALL AUTHORIZATION PROCEDURES MUST BE COMPLETED.**