

Beorg-wic 2008

Booking Form

Name: _____

Address: _____

Phone : (h) _____

(w) _____

Mobile: _____

E-mail: _____

Club Association: _____

Dietary requirements: _____

Allergies/Medical Conditions: _____

Workshops you would like to attend:

Generic metalwork	YES/NO
Ladies Headdress	YES/NO
Tablet Weaving	YES/NO
Candle Making	YES/NO
Medieval Cocktails	YES/NO
Soapstone Oil Lamp Carving	YES/NO

Would you like to run a workshop? If so, what?: _____

Market Stall required? :

If you are fighting, what days? Saturday Sunday

Are you willing to be a Marshall? Is so, what days? Saturday Sunday

What type of encampment are you having? Period Non-period

Payment type: Adult (\$70) Teenager 13-17 years (\$35) Child 0- 12 (Free!)

Amount paid: _____

How are you paying?: Cheque/Money Order Electronic Banking

(BSB 805-022, A/C 314948, Ref no. _____)

Please make cheques payable to the Ancient Arts Fellowship Inc. Send all forms and cheque payments to:

Ancient Arts Fellowship
6/20 Bennetts Close
McKellar ACT 2617

All people attending this event must fill in the Booking Form and the following Indemnity Declaration.
INDEMNITY DECLARATION

I, the undersigned, hereby agree that the Ancient Arts Fellowship Inc., or any member thereof and/or any person associated in any way with the conduct of the said Ancient Arts Fellowship Inc. (all of which persons and Associations are severally and jointly included in the term "indemnified") shall not be deemed responsible or liable in any way for any injury, illness or mishap to me, sustained in, arising from or out of, or in any way directly or indirectly connected with any travelling, training, combat, workshops, displays or feasts of whatsoever nature held in conjunction with competitions, demonstrations, events or functions arranged by the indemnified, or prior to or subsequent thereof, if in any way connected directly or indirectly with the said events, and I hereby indemnify the "indemnified" against any actions, suits courses in action, demands and claims by me.

(PRINT EVENT PARTICIPANT'S NAME:) _____

Responsibility of Combatants:

Combatants arm, equip and clothe themselves and are responsible for the maintenance and the safety of their equipment and fight on their own responsibility and at their own risk.

The safety measures and methods of control laid down in the present rules are designed to supplement the combatant's safety and cannot guarantee it. They cannot, therefore, whatever the manner in which they are applied, impart responsibility to the AAF, or to the organizers of competitions, demonstrations, events or functions or to officials who carry out such organization, or to those who may cause the accident.

I agree:

1. - that I have read and understand (a) the Indemnity Declaration, (b) Responsibility of Combatants:.
2. - to abide by such rules as Ancient Arts Fellowship Inc.'s Committee may from time to time establish.

SIGNATURES

Event Participant's Signature: _____

Date: _____

Legal Guardian (if the member is under the age of eighteen, a parent/legal guardian must sign here below)

Status (e.g. Guardian): _____

Printed Name: _____

Signature: _____

Date: _____

Witness

Printed Name: _____

Signature: _____

Date: _____

Validated by (Committee Member) _____

Date ____/____/____

PLEASE COMPLETE BOTH SIDES OF THIS FORM