

RAUSUMEA MEMBERSHIP APPLICATION

In partnership with Ohio Belegarth

APPLICANT INFORMATION

Name:

Date of birth:

Persona:

Phone:

Email Address:

Rausumea Board Login:

Current Mailing address:

City:

State:

ZIP Code:

Unit:

Other Realm:

Started Fighting(MM/YYYY):

Referred by:

CONTACT MECall me 1 week before Monthly Battles : Yes NoList me in the Printed Membership Directory: Yes NoNotify me 1 month before my year membership expires: By Telephone By E-mail No

List me in the Membership Directory as:

 Armor Garb Weapons Feast Other:**EMERGENCY CONTACT**

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:

Persona:

Phone:

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name

Name

Name

Name

SIGNATURES

I verify the information provided on this form is correct & accurate. I fully understand that my membership and benefits may be denied if this application is not legible, there is no signature at the bottom of this form, if any information is false or inaccurate, or if the administration of Ohio Belegarth chooses to turn down your application due to previous club removal. I understand that all applications come with a 25\$ registration fee and that I am not considered an official member of Rausumea until I am in possession of a membership card.

General Disclaimer:

It is my intention and desire to participate in BELEGARTH combat-related activities (such as but not limited to attending events, armed combat, marshalling, and combat archery) at events held by the Belegarth Medieval Combat Society . I hereby acknowledge that I am fully aware of the nature and purpose of the activities of the Belegarth Medieval Combat Society. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any risks involved. In consideration for my being permitted to take part in these activities, I agree to be bound by the rules for Belegarth Medieval Combat Society. 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 Belegarth Medieval Combat Society. and to abide by any decisions reached by such board. I agree to release, hold harmless, and keep indemnified the Belegarth Medieval Combat Society, 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 attributed 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 on myself, my heirs, executors and assigns.

Signature of applicant:

Date:

Signature of spouse (*only joint membership*):

Date: