

Please fill out the forms on the next page. Be sure to fill everything out & sign the waiver. One waiver is required for each family member.

Once the forms have been filled in and signed, make out a check to:

“Medieval Scenarios and Recreations”

and mail it to:
MSR Registrar c/o Ms. Laura Shear
32 Alder Drive
New Windsor, NY 12553

If you have any questions, you may call the Registrar at (845) 497-2215 between 9:00 am and 9:00pm EST any day or email to: registrar@kingdomofacre.org.

Membership Fees Are:

January - April

\$25/year (\$20/year for a student) plus \$10 per additional family members over 16 and \$5 per additional family members under 16.

May - August

\$20/year (\$15/year for a student) plus \$10 per additional family members over 16 and \$5 per additional family members under 16.

September - November

\$15/year (\$10/year for a student) plus \$7.50 per additional family members over 16 and \$5 per additional family members under 16.

December

Contact the Registrar

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Medieval Scenarios and Recreations

and mail to:
MSR Registrar c/o Ms. Laura Shear
32 Alder Drive
New Windsor, NY 12553

Legal stuff: If you join as a student, you must send a copy of your student id with your check (or some proof of your student status). "Family member" refers to anyone living at that same address, regardless of legal or blood relationship. Your date of birth is required if you are under the age of 21. It is optional for those over 21, but you should be able to prove you are at least 21. Anyone under the age of 16 must join with an adult. All memberships expire on December 31st.

If you have any questions, you may call or email the Registrar at (845) 497-2215 between 9:00 am and 9:00pm EST any day.

Membership Form

Please print legibly!

Name (must be age 16 or over)
Date of Birth (req'd if you are under the age of 21)
Medieval name (if one has been chosen)

Additional family members (for whom you are paying membership – can be any age – DOB required if under age 21)		
Name	DOB	Medieval Name

Address		
City	State	Zip
Phone #		

Optional Info:	<input type="checkbox"/> These can be included in directory
Work Phone	Fax
Email (please print legibly)	

<input type="checkbox"/> I'm a new Member
<input type="checkbox"/> I'm renewing my membership
<input type="checkbox"/> I've changed my address

Signature

Date

Required Waiver for Membership

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the organization known as Medieval Scenarios & Recreations, Inc., a New York based, not-for-profit corporation (hereafter "MSR").

MSR has rules which govern and may restrict the activities in which I can participate. These rules include, but are not limited to: Corporate By-Laws and Resolutions, Kingdom Law and the Rules for combat related activities. I understand that all these activities are voluntary and that I do not participate unless I choose to do so, I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating, I voluntarily accept and assume the risk of injury to myself or damage to my property. I specifically recognize that there is little or no regulation of combat activities and said risks include injuries resulting from equipment failure, substandard equipment, use by other combatants of equipment not in compliance with MSR rules and use by other combatants of techniques and methods of fighting not in compliance with MSR rules.

I understand that MSR does not provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property. Moreover, MSR does not make representations or claims as to the conditions or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by MSR.

In exchange for allowing me to participate in MSR activities and events, I agree to release from liability, agree to indemnify, and hold harmless, MSR, and any MSR agent, officer, or employee acting in the scope of their duties, for any injury to my person or damage to my property.

This release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND WAIVER AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Legal name (Print)

Legal name (Sign)

Parent/Guardian (Sign)

Date