



Saxon, Norman, Celtic, and Viking Re-Enactment
The Vikings

Membership Application

Surname:

Date of Birth:
(if junior):

Forename(s):

Address:

Town:

County/Country:

Post Code:

Telephone No:

Email:

I hereby agree to save harmless and keep indemnified "The Vikings", and any officer, official, servant, agent or representative as may be appointed or authorised by "The Vikings", and all other members of "The Vikings", from and against all actions, claims, costs, expenses and demands in respect of Death or Injury to, or, Damage to the Property of, myself, my family, or associated persons, arising out of, or in connection with, my taking part in "The Vikings" events.

I confirm that I fully understand that re-enactment is a potentially hazardous activity, and it is possible that participants may be injured. The level of injury sustained may range from minor cuts and bruises, to permanent disability or death in extreme circumstances and agree that I participate in these activities entirely at my own risk.

I confirm that I have read and agree to abide by the Rules & Regulations of The Vikings. Copies are available online at <http://docs.thevikings.org.uk/files> or in print on request.

I hereby confirm that I have read, understood and agree to the above statements, and have paid a membership Fee of: £

Applicants
Signature:

Date:

If you wish to join as a Provincial member, tick the Provincial box below and leave the Group name blank; otherwise, write the name of the group in the box below and ask the group leader to sign below.

Group:

Provincial:

I agree to accept this application for membership of "The Vikings";

Accepting
Signature:

Date:

Print Name:
