



Personal Data Publication Release Form

I, (modern name) _____, being known within the Society for Creative Anachronism as (society name) _____ do hereby grant the SCA permission to publish the following elements of my personal information:

- Modern Name: _____
- Address: _____
- Phone Number: _____
- E-mail Address: _____
- Online Profile or Web Links: _____
- Other: _____

This information is to be used as follows:

- Publication in the web site of (branch or group) _____
- Publication in the newsletter of (branch or group) _____
- Publication in web sites and/or newsletters in conjunction with advertisement of (event name) _____ to be held on (date/year) _____.
- Other: _____

I recognize that even if my authorization is limited, or is withdrawn in the future, once my personal information is published, it may be copied, archived, or redistributed by others beyond the SCA's control.

I voluntarily accept all risks associated with this publication, and agree to hold the Society for Creative Anachronism, its branches and officers, harmless of any liability or damage that might result from a misuse of this personal information.

SIGNATURE	DATE
SCA NAME OR PREFERRED USE NAME	
EMAIL ADDRESS or PHONE NUMBER	
MAILING ADDRESS	