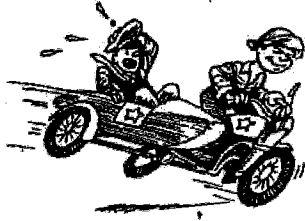


I WANT YOU



for the

BIG RED ONE

MARCH TO VICTORY...



BROLHO, Inc., a 501(c)(3) organization portrays a variety of units that are/were part of the 1st Infantry Division from WWI to present day. These impressions are drawn from the 1st Infantry Division and attached units as well.

1st Infantry Units:

- 16th, 18th, 26th Infantry Regiments
- HHB Division Artillery
- 5th, 7th, 32nd, 33rd Field Artillery Battalions
- 1st Reconnaissance Troop (Mechanized)
- 1st Engineer Combat Battalion
- 1st Medical Battalion
- 1st Counter Intelligence Corps Detachment
- Headquarters Special Troops
- Headquarters Company, 1st Inf. Div.
- 1st Infantry Division, Military Police Platoon
- 701st Ordnance Light Maintenance Company
- 1st Quartermaster Company
- 1st Signal Company



Contact Your Local Recruiter: T/5 Cpl. Robert Sandmeyer
Email: PIO@big-red-one.org, Tel.: 717.870.7958

APPLICATION: 1st DIVISION U.S Army Infantry, "Big Red One" Reenacted
PLEASE PRINT CLEARLY OR TYPE

Name: _____
(Last) (First) (M.I.) (Date of Birth)

Address: _____

City/State/Zip: _____

Please enclose "Enlistment" fee of \$25.00*
(Check, Money Order or War Bond)

Home Phone No.: _____

Cell Phone No.: _____

Email: _____

Payable to: **BROLHO**
Mail directly to: BROLHO, Inc.
c/o Jeff Hain-Matson
1 Surplus Drive
Wrightsville, PA 17368

War Impression: WWI ___ WWII ___ Vietnam ___
(Please pick by number choice, i.e., 1, 2, 3. If doing only one impression, just pick your one choice only)

*Junior Membership fee of \$15.00, and additional fees as applicable, e.g., tent fund

Our Mission

"NO MISSION TOO DIFFICULT, NO SACRIFICE TOO GREAT, DUTY FIRST, SIR, DUTY FIRST!"

www.big-red-one.org

**BIG RED ONE LIVING HISTORY ORGANIZATION, INC. (BROLHO)
CONSENT / WAIVER FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN**

Please print all information, except where signature is required!

PARTICIPANT NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

Has approval to participate in Re-enacting & Living History events with the Big Red One Living History Organization, Inc. (Known as BROLHO in the rest of this document).

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Re-enacting & Living History events involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the unit Public Information Officer, or event Point of Contact. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the BROLHO adult in charge and / or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

With appreciation of the dangers and risks associated with Re-enacting events and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Big Red One Living History Organization, Inc., the activity coordinators, and all volunteers, related parties, BROLHO members, or other organizations associated with any Re-enacting event or activity my minor child is attending with BROLHO and any of it's members.

NOTE: The BROLHO cannot continually monitor compliance of event participants or any limitations imposed upon them by parents or medical providers. List any restrictions or known allergies imposed on a child participant in connection with programs or activities below (USE OTHER SIDE OF PAGE IF NEEDED, PLEASE WRITE NONE BELOW IF THAT IS THE CASE) and counsel your child to comply with those restrictions.

SIGNATURE OF MINOR MEMBER: _____ DATE: _____

NAME: _____

SIGNATURE: _____ DATE: _____

ABOVE NAME & SIGNATURE IS OF PARENT/GUARDIAN/ADULT FAMILY MEMBER WHO IS AN ACTIVE BROLHO MEMBER

EMERGENCY PHONE NUMBER & EMAIL: _____