

**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: \_\_\_\_\_