

BUSHY RUN BATTLEFIELD HERITAGE SOCIETY

261st Anniversary Reenactment Registration

August 3rd and 4th, 2024



Section 1

Individual Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Impression

British / Highlander

Ranger

Native American

Sutler – please describe below:

Camp Follower/Other – please specify below:

Sections 2 - Please complete this section if registering as an individual or sutler. If registering as a unit, please skip to section 3.

Number of tents, dining flies, etc. needed: _____

Number for Saturday evening dinner: _____

Please name and describe any additional noncombatants:

Please describe any health concerns or medical issues Bushy Run should be aware of:

Sections 3 - Please complete this section if registering a unit. Otherwise, please skip to section 4.

Unit Name: _____

Unit Commander: _____

Unit Mailing Address: _____

Unit Email: _____

Unit Website (if applicable): _____

Total number of Participants: _____ Number of Combatants: _____

Note: "Participants must be 17 years of age to carry and use a weapon (functional or otherwise) in demonstrations of opposing force reenactments." (PHMC Safety Manual for Historic Weapons Programs)

Number of tents, dining flies, etc. needed: _____

Number for Saturday evening dinner: _____

Does your unit carry insurance that will cover your members for any injury or liability sustained during the event? Please circle one: Yes No

By checking this box, I certify that the unit commander shall be responsible for members of the unit and their conduct during the battles, scheduled inspections, interactions with the public and other reenactors, and overnight camping on the battlefield.

Please describe any health concerns or medical issues Bushy Run should be aware of:

Section 4 – Please complete this section if you will be firing a weapon at the event.

The Bushy Run Battlefield Heritage Society offers a stipend of \$25 per day per individual to help cover the cost of black powder. The stipend is available to any reenactor who will be firing their weapon(s) as part of the battle or scheduled educational programs over the weekend. The stipend will be distributed via check following the reenactment weekend.

I/my unit will accept the stipend. Pay to the order of: _____

I/my unit will donate our stipend back to the Bushy Run Battlefield Heritage Society.

Section 5

By checking this box, I certify that I/my unit will comply with all rules and regulations established by the Bushy Run Battlefield Heritage Society, its designated battle commander, and its designated safety officers. I acknowledge that failure to do so may result in removal from the event.

By checking this box, I certify that I/my unit have read, understand, and will abide by the PHMC Historic Arms Safety Manual (January 2018 edition).

By checking this box, I acknowledge that my or my unit's historical impression will be subject to review by a BRBHS-designated jury prior to approval for the event.

By checking this box, I certify that I/members of my unit have no prior or pending legal history that would prohibit me/members of my unit from interacting with children in the state of Pennsylvania.

By checking this box, I or my unit hereby waive and release from liability and agree to hold harmless the following for any and all damages of any kind or nature to my person or property arising out of or resulting from my direct or indirect participation in this event:

1) The Commonwealth of Pennsylvania elected officials, which includes the staff of the Pennsylvania Historical and Museum Commission, and

2) The Bushy Run Battlefield Heritage Society, its officers, board of directors, membership-at-large, volunteers, and employees.

Signature & Date: _____

Please Return by July 20, 2024.

Mailing Address: P.O. Box 478 – Harrison City, PA 15636
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