

**MEMBERSHIP APPLICATION/RENEWAL FORM  
THE ETHAN ALLEN LONG RIFLES, INC.**

“The purpose of this organization is to promote safety and accuracy in the use of muzzle loading firearms. It shall also be the purpose of this organization to promote public awareness of the living history of our early colonial and American heritage through education, demonstration, and recreation and reenactment.”

**CONTACT INFORMATION**

NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

DATE OF BIRTH\*: \_\_\_\_\_

If applicable complete the following:

NMLRA

MEMBERSHIP #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NRA

MEMBERSHIP #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

---

**MEMBERSHIP DUES**

Please make checks payable to “*ETHAN ALLEN LONG RIFLES, INC*” and return this form and dues to the Secretary:

TODD KUNTZ  
30 OLD DEER CAMP ROAD  
SARATOGA SPRINGS, NY 12866

INDIVIDUAL - \$20 yearly

COUPLE - \$25 yearly

FAMILY - \$30 yearly

A family membership consists of up to two adults and all children under the age of 18 years. If purchasing a family membership, you must also provide the names of each family member who intends to participate in order for them to be covered by our insurance. Please include ages of all children.\*

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

\*EALR does not require your birth date, however, some event sponsors and historic sites do require DOB. Without that information you may be unable to participate in some events.

If you will be participating in re-enactments, please indicate the names of the EALR recognized unit(s) below you intend to field with. The EALR Secretary will update your membership status with unit's point of contact.

UNITS CURRENTLY RECOGNIZED BY THE BOARD ARE:

- LES TROUPES DE LA POINTE A LA CHEVELURE
  - WARNER'S EXTRA- CONTINENTAL REGIMENT
  - LA COMPAGNIE DE LANGIS
  - CATO'S CHAPTER
  - HIGHLANDERS OF HISTORY.  
HM 78th Highlander Regiment of Foot (Frasier's Highlanders)
- 

A unit, to be recognized, must have at least five EALR members and have been approved by the board of directors of Ethan Allen Long Rifles, Inc. **THE ETHAN ALLEN LONG RIFLES INC. DOES NOT COVER EALR MEMBERS WHO ARE PARTICIPATING IN EVENTS WITH UNITS NOT RECOGNIZED BY THE BOARD OF THE EALR, WITHOUT PRIOR APPROVAL.**

The waiver of liability on the back page must be signed in order to participate in the EALR, INC.

Ethan Allen Long Rifles, Inc. is a charter club of the national muzzle loading rifle association. If you do not currently hold a membership, we recommend that you join. Membership in the NMLRA is *not* a requirement to join the Ethan Allen Long Rifles Inc. For more information please write to the following address:

NMLRA  
PO BOX 57  
FRIENDSHIP, IN 47021

I AGREE TO CONDUCT MYSELF IN A MANNER THAT INSURES THE SAFETY OF ALL OTHER MEMBERS OF THE CLUB AND THE PUBLIC. IF PARTICIPATING IN REENACTMENTS, I ALSO AGREE TO PROVIDE AS AUTHENTIC A REPRESENTATION AS IS REASONABLY POSSIBLE. THIS WILL INCLUDE OUTFITTING MYSELF AND PARTICIPATING FAMILY MEMBERS IN PROPER HISTORICAL ATTIRE.

---

Signature

# WAIVER OF LIABILITY

-20\_\_-

I(WE) \_\_\_\_\_, DO HEREBY AGREE TO HOLD HARMLESS AND FREE FROM ANY LIABILITY WHATSOEVER, THE ORGANIZATION KNOWN AS THE ETHAN ALLEN LONG RIFLES, INC. ITS MEMBER ORGANIZATIONS, OFFICERS, NON-COMMISSIONED OFFICERS, INDIVIDUAL MEMBERS, THEIR HEIRS AND / OR ASSIGNS.

I(WE) FULLY REALIZE AND ACCEPT THAT PARTICIPATING IN REENACTMENTS, LIVING HISTORIES, PARADES, SHOOTS AND ANY OTHER ASSOCIATED ACTIVITY WHICH THE ETHAN ALLEN LONG RIFLES, INC. MAY PARTICIPATE IN, PRESENTS THE INHERENT POSSIBILITY OF DANGER TO MYSELF AS THERE ARE USED IN THESE ACTIVITIES; FIREARMS, EDGED WEAPONS, BLACK POWDER, HORSES, ARTILLERY AND OTHER INSTRUMENTS WHICH MAY CAUSE DEATH OR INJURY TO MYSELF. I(WE) FURTHER ACKNOWLEDGE THAT THE MERE PHYSICAL DEMANDS MADE UPON MYSELF (OURSSELVES) BY TAKING PART IN SUCH ACTIVITIES MAY CAUSE ANY NUMBER OF MALADIES OR INJURIES.

THEREFORE, BE IT KNOWN THAT I(WE) ACCEPT THE RISK OF INJURY TO MYSELF (OURSSELVES) BY PARTICIPATING IN SUCH ACTIVITIES AND HOLD HARMLESS, INDEMNIFY, FOREVER DISCHARGE AND WAIVE THE RIGHT OF SUBROGATION. I ALSO UNDERSTAND THAT A PARTICIPANT ASSUMES THE RISK OF ANY INJURY, HARM, DAMAGE OR DEATH AND ANY LEGAL RESPONSIBILITY THAT MAY OCCUR TO PARTICIPANT FROM THE INHERENT RISKS ASSOCIATED WITH THESE ACTIVITIES.

I(WE) HAVE SIGNED AND DATED THIS WAIVER OF MY (OUR) OWN FREE WILL WITHOUT COERCION, BRIBE OR THE TREAT OF ANY KIND.

\_\_\_\_\_  
(PRINTED NAME) (SIGNATURE) (DATE)

\_\_\_\_\_  
(PRINTED NAME) (SIGNATURE) (DATE)

I(WE) REPRESENT THAT I(WE) AM(ARE) THE PARENT(S) OR GUARDIAN OF THE BELOW-NAMED MINOR(S) (UNDER AGE 18), THAT WE HAVE SIGNED THIS WAIVER OF LIABILITY, AND HEREBY AGREE THAT WE AND THE NAMED MINORS SHALL BE BOUND BY IT.

\_\_\_\_\_  
(PRINTED NAME OF MINOR) (DATE)

\_\_\_\_\_  
(PRINTED NAME OF MINOR) (DATE)

\_\_\_\_\_  
(PRINTED NAME OF MINOR) (DATE)

\_\_\_\_\_  
(PRINTED NAME OF MINOR) (DATE)

\_\_\_\_\_  
(PRINTED NAME OF MINOR) (DATE)

\_\_\_\_\_  
(PRINTED NAME OF MINOR) (DATE)