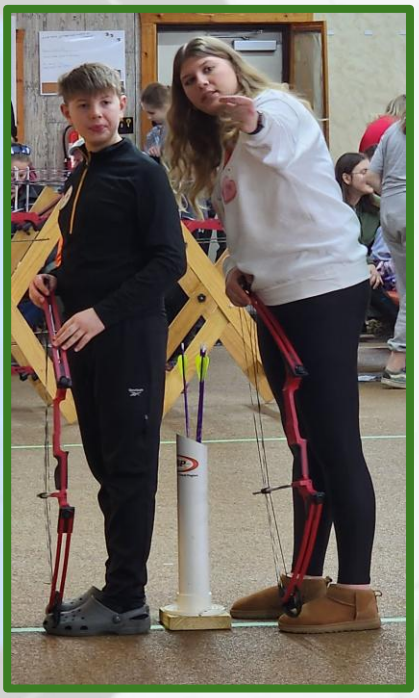
Trumbull County Rod & Gun Club's

2026 Youth Indoor Archery Program

Starts Sunday, January 18, 2026 - 2:00 to 4:00



- **5-Week Program** (Sunday, January 18th through Sunday, February 15th)
- **All equipment provided** (bows, arrows, targets, armguards)
- **Open to the public** (Youth ages 10 through 17)
- **Pre-registration required** (deadline December 31, 2025)
- **Instructors are all certified N.A.S.P.** (National Archery in the Schools)

All shooting will take place at the

Trumbull County Rod & Gun Club
6565 Phillips Rice Road, Cortland, Ohio

For more information contact
Tom Stith
tstith@kent.edu

This program is Grant Funded by

www.trumbullcountyrodandgun.com

TSTITH 2025

2025 Waiver & Release of Liability Agreement

Youth Indoor Archery Program

Hosted by

TRUMBULL COUNTY ROD AND GUN CLUB

6565 Phillips Rice Road, P.O. Box 695, Cortland, Ohio 44410

In exchange for the opportunity to participate in programs held at Trumbull County Rod & Gun Club, I agree to the following: Trumbull County Rod & Gun Club and its directors, officers and members, will not be responsible for, nor legally liable for, any damage or loss of property, bodily or personal injury suffered in conjunction with any activities held at the club, regardless of fault. I hereby waive all claims against Trumbull County Rod & Gun Club and its sponsors, personnel, directors and officers, employees, and volunteers, from any and all liability or cause of action arising out of any injury or death to person or property, and any other loss, damage, or expense arising out of participation in, for any activity associated with this event.

Photography at the event: Photographers and videographers may be at the event, taking photos during the program. By signing below, I am allowing Trumbull County Rod & Gun Club, to use these photos in future promotional efforts.

I have read and understand this Waiver and Release of Liability Agreement. I have voluntarily signed this release.

Participant Name: _____ **Age:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Phone:** _____

Email: _____

If the person executing the foregoing release is a minor, the following below, must be completed by the parent or guardian: I represent that I am a parent or legal guardian of the minor who has signed the above release, and I hereby agree that we both shall be bound by this agreement.

_____ _____

Signature of Parent or Legal Guardian Date

Complete the Waiver & Release form and return it to:

TCRG, P.O. Box 695, Cortland, Ohio 44410