

USPCA NATIONAL DETECTOR SEMINAR REGISTRATION FORM

PRINT CLEARLY

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Department Name: _____

K9 Name: _____

Please check K9 Detection:

Explosives _____ Narcotics _____ Cadaver _____

Waiver: I hereby waive and relinquish United States Police Canine Association Region 7, further referred to as USPCA, MTA Police Department, their affiliates, sponsors, organizers, and or all participants, for any injury, mental or physical, to myself or my canine partner. I also agree to abide by all rules and regulations as set forth by USPCA Region 7 and the event organizers. I furthermore will accept responsibility for any damage caused by my canine or myself to any and all property, persons and to include the hotel accommodations and or any training venue. I furthermore state that my canine partner and I are in a physical condition necessary to be able to participate in events, as needed for training purposes. If you decide to consume any alcoholic beverage during the seminar week, you do so at your own risk. If you do drink an alcoholic beverage – please do so in a responsible manner and Don't Drink and Drive!

Signature: _____

Print Name: _____ Date: _____