

2026 NAPWDA Pennsylvania STATE WORKSHOP
Hosted by the Pennsylvania Department of Corrections
October 20-22, 2026

NAME: _____

AGENCY: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

PHONE# _____

EMAIL ADDRESS _____

K9 NAME: _____ **BREED:** _____ **AGE:** _____

NAPWDA Workshop Waiver:

The undersigned participant recognizes the possibility of injury occurring because of his/her participation in the K9 Workshop. I furthermore represent and certify that my canine and I are in good physical condition necessary to be able to participate in the event, as needed, for training and certification purposes.

I freely acknowledge that there are risks of injury to both myself and my canine that may occur by participating in this event. In consideration of being allowed to participate in this event, I hereby waive and release the North American Police Work Dog Association, referred to as NAPWDA, the Pennsylvania Department of Corrections, its officers, employees, agents, affiliates, sponsors, organizers and all participants, from any injury, mental or physical, to myself or my canine that may occur during this event. In the event I am not the owner of the canine I have, I agree to hold the NAPWDA, the PA DOC, its officers, and employees harmless from any and all claims made by the owner of the canine.

I also agree to abide by all rules and regulations as set forth by NAPWDA and the event organizers.

I furthermore will accept responsibility for any damage caused by my canine or myself to all property, persons including the hotel accommodations and/or any training venue, and agree to pay for all damages caused either by myself or my canine.

Date: ____/____/____ Sign Name: _____

Print Name: _____

PLEASE CIRCLE ONE: MY K-9 IS: SINGLE PURPOSE/DUAL PURPOSE

PLEASE CIRCLE ONE: MY K-9 IS: Patrol, Narcotics, or Tracking/Trailing

WILL YOU BE CERTIFYING DURING THIS SEMINAR? YES / NO