

# Missouri Police Canine Annual Workshop

10-3-2021 thru 10-8-2021

Registration: Please Print Clearly!

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current MPCA Member:  Yes  No

K9 Breed: \_\_\_\_\_ K9 Name: \_\_\_\_\_ K9: \_\_\_\_\_

K9 Type: Check All Appropriate Descriptions

Patrol:  Narcotic:  Explosive:  Dual Purpose:

MPCA Workshop Waiver:

The undersigned participant recognizes the possibility of injury occurring as a result of his/her participation in the K9 workshop. I furthermore state that my canine and I are in a physical condition necessary to be able to participate in the events as needed for training and certification purposes. I hereby waive and relinquish the Missouri Police Canine Association, further referred to as MPCA, their affiliates, sponsors, organizers, and or all participants for any injury, mental or physical to myself or my canine. I also agree to abide by all rules and regulations as set forth by MPCA 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 hotel accommodations and or any training venue.

Sign Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

**2021 MPCA Dues Must Be Paid To Participate in this event.**

MAKE CHECKS PAYABLE TO MISSOURI POLICE CANINE ASSOCIATION Please make sure to remit form and payment to the correct address. (Application form must accompany check)

Mail to: Paul Gash/MPCA  
3810 State Rt. J  
Jefferson City, MO 65101