

## LORI KOBAYASHI SCENT WORK SEMINAR

## **REGISTRATION/WAIVER FORM (ONE PER DOG)**

## November 15 & 16, 2025

Seminar Location: TKC Training Building, 405 W. Belle Road, Ridgely, MD

CHECK PAYABLE TO: Talbo		*****	•	uired to Reserve	-	
REGISTRATION FORM TO BE MA	ILED TO: Lisa Trippett,	1202 Chesa	peake Drive, De	nton, MD 21629		
No Refund if you withdraw unles	ss spot can be filled!					
Workshop - select workshop (s)						
Saturday, November 15, 2025		Sunday	, November 16,	2025		
☐ CLEARING LARGE SPACES (8 spots)			☐ BURIED SEARCH STRATEGIES (8 spots)			
(8:30am – 12:30pm	)		(8:30am – 12	:30pm)		
☐ REWARDS & REINFORCEMENT (8 spots) (1:00pm – 5:00pm)			☐ INACCESSIBLE & ELEVATED HIDES (8 spots) (1:00pm – 5:00pm)			
TKC Member Registration Opens Non-Member Registration Open Participant Fee Per Session (4 ho	<b>s</b> : October 3, 2025 (8a	•	s still available)			
Class Participant (Member): \$75.00 Non-M		n-Member:	1ember: \$105.00			
Auditing (Member): \$50.00 Non-Member: \$60.00						
Handler Information:						
Name:	·					
Email Address:						
Phone:						
Canine Information:						
Call Name:	Breed:		Age:	Sex:		
COMPETITION LEVEL (check one)	: Not Competing Yet	□NOV	□ADVANCED	□FXCFLLENT	□MASTER	

## **Waiver and Release**

I agree to hold Talbot Kennel Club, Inc, the instructor(s) and the property owner(s) where the training is held harmless from any claim or loss or injury which may be alleged to have been caused directly or indirectly during these training sessions or while on this property.

I choose to participate in these dog training activities and understand that any dog training in groups in general could cause injury to my dog or myself. I personally assume all responsibility and liability for any claims arising out of these sessions. I will follow all COVID regulations of the state as specified by the club.

My dog is current on all vaccinations and is in good health. I will take all reasonable efforts to protect my dog and to assure that my dog does not impose a threat to any person or dog in class.

Signature:	Date:
Junior Handler Name:	
Parent/Guardian:	

I understand the risks inherent in training my dog(s) and that I must take all possible safety precautions against injury and disease. My dog is current on all vaccinations and is in good health. I will take all reasonable efforts to protect my dog and to assure that my dog does not impose a threat to any person or dog in class.