

2026 NAPWDA TENNESSEE STATE WORKSHOP
Hosted by the Cookeville Police Department
October 12-15, 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 Cookeville Police Department and the City of Cookeville, 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 City of Cookeville, the Cookeville Police Department, 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, Explosives, Tracking/Trailing, or Cadaver.

WILL YOU BE CERTIFYING DURING THIS SEMINAR? YES / NO

SEMINAR FEE \$250.00

Checks Payable to: **City of Cookeville**

**Mail to: Cookeville Police Department
ATTN: Lieutenant Jacob Byrd
1019 NEAL STREET
COOKEVILLE, TN 38501**

**HOTEL: Holiday Inn Cookeville
1091 S Willow Ave
Cookeville, TN 38501
Ph# 931-559-4539**

Make sure to mention NAPWDA Workshop to receive the state rate.

For any questions, contact **Lieutenant Jacob Byrd PH# 931-644-4289 email: jbyrd@cookeville-tn.gov**

To certify you must either be a current NAPWDA member or must join before or at this workshop. Membership dues are \$50.00 per year and a separate check must be paid to NAPWDA for membership dues. Associate members coming to this workshop must bring a current criminal history record check covering them for at least the entire state they reside in and must be sponsored by a current regular NAPWDA member.