



TRAIN M.E.

presents

Danette Chorney

Bridging the Gap: Comparing AKC and WCRL Rally Programs

Saturday, June 20, 2026 9am-4pm

Train M.E.

550 Main Street South

Bethlehem, CT 06751



**AMERICAN
KENNEL CLUB**



Do you compete in AKC Rally and wonder what WCRL Rally is all about? Do you compete in WCRL Rally and wonder what AKC Rally is all about? If you answer “yes”, then this workshop is for you!

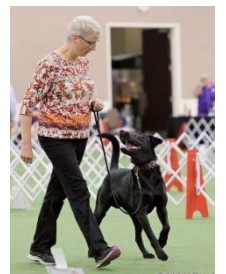
We will spend the morning reviewing each program, providing handouts and links for competitor information, and discussing general differences in the various class levels, scoring and variations in

course design, sign placement, and execution. For the afternoon, we will be running WCRL Rally courses for working teams – first course will focus on Level 1-2 signs, second course will focus on some of the more difficult Level 2-3 signs, and if time permits we will set up and run a Flash Level 1-2 course.

Train M.E. will be hosting our very first WCRL Rally trials on Saturday, July 11, 2026, so this is a fantastic opportunity to learn about WCRL or sharpen your skills if you are already competing.



ABOUT DANETTE: I have been training and competing with my Labradors for almost 20 years in a variety of sports including Obedience (AKC, CDSP), Rally (AKC, WCRL), Agility (AKC, USDAA, UKI), and Dock Diving (NADD, Dock Dogs). I am an AKC Rally judge and CGC & Trick Evaluator, and I have shown my dogs in AKC to multiple RACH titles, and in WCRL to the ARCH and RLVX3 titles. As a trainer and Rally instructor, I strive to always make it fun for dogs to work in the ring, and I work to prepare handlers for showing to help them be confident and comfortable while guiding their dogs through courses.



**TRAIN M.E. presents: Bridging the Gap: Comparing AKC and WCRL Rally Programs with Danette Chorney
Registration Form (please type or print)
Saturday June 20, 2026 9am-4pm**

Please return this form with payment by June 1, 2026.

EMAIL REGISTRATION FORM and Venmo @Laurie-Strimavicius or
MAIL REGISTRATION FORM WITH CHECK MADE PAYABLE to Laurie Strimavicius to:
Laurie Strimavicius, 44 Outlook Road, New Milford, CT 06776, Email: trainmelabs1973@gmail.com PHONE: 860-946-7368

Name: _____ Working Spot \$100 _____
Street Address: _____ Audit Spot \$50 _____
City, State, Zip Code: _____
Phone: _____
Email: _____

A limit of 10 working spots and 20 auditing spots are available. These are reserved only with full payment and a completed registration form. No refunds will be made, you may sell your spot. A confirmation e-mail will be sent upon receipt of the registration form and payment. Bitches in season may participate but must wear pants – handler is responsible for any cleanup needed. Lunch will not be provided – water, coffee, and snacks will be available.

- *Videotaping is NOT permitted.
- *Handlers must bring proof of rabies for day of event for each dog in attendance.
- *Dogs with propensities for aggression towards people or other dogs may NOT attend this seminar.

RELEASE

•ACKNOWLEDGMENT: I, the undersigned, acknowledge that I understand that there may be significant elements of risk associated with the activity of dog training. Such risks may include equipment failures, falls due to building or grounds conditions, or the negligence of instructors, fellow students, or other users of the building. I acknowledge that the above list is not inclusive of all possible risks associated with dog training or the use of the facilities of TRAIN M.E LLC (hereinafter "TME") and Danette Chorney (hereinafter DC) and that other unknown and unanticipated risks may result in injury.

•RELEASE AND ASSUMPTION OF RISK: In consideration of being permitted to use the facilities of TME & DC, and mindful of the significant risks involved with the activities incidental therefore, I, for myself, my heirs, administrators and assigns, release, remise and discharge TME & DC and its officers, directors, agents, servants, volunteers and employees in the stated activities of and from any and all liability for injury that may result from my use of the facilities of , TME & DC, and I do hereby waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to myself or those persons for whom I am legally responsible (including but not limited to my children) arising as a result of the use of the facilities of TME & DC, participation in TME & DC activities or functions, or of any activities incidental thereto wherever or however such personal injury, property damage or wrongful death may occur, whether foreseen or unforeseen, and for whatever period said activities shall continue. I agree that under no circumstances will I, my heirs, my estate or my personal representative present any claim for personal injury, property damage, or wrongful death against TME & DC and its officers, directors, agents, servants, volunteers and employees for any of said causes of action, whether said causes of action shall arise by the negligence or any person or otherwise.

•IT IS THE INTENTION OF THE UNDERSIGNED INDIVIDUAL TO EXEMPT AND RELIEVE TME and DC AND ITS OFFICERS, DIRECTORS, AGENTS, SERVANTS, VOLUNTEERS AND EMPLOYEES FROM LIABILITY FOR ANY PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. •This contract shall be legally binding upon me, my heirs, my estate, and my personal representative, as well as upon any and all other persons authorized by me to act for me or on behalf of my heirs, my estate or my personal representative.

I, THE UNDERSIGNED, ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE ABOVE RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS. I UNDERSTAND THAT BY SIGNING THIS RELEASE OF LIABILITY I AM KNOWINGLY AND WILLINGLY AGREEING TO RELEASE TME AND PF AND ITS OFFICERS, DIRECTORS, AGENTS, SERVANTS, VOLUNTEERS, AND EMPLOYEES OF THEIR LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY THE NEGLIGENCE OF ANY PERSON OR OTHERWISE. PARTICIPANT RESPONSIBILITIES.

I understand that this is only a partial list, and I must be safety conscious and exercise sound judgment at all times. I understand that if I register as a working team and later want to become an auditor that I will only receive a refund if there is working team on the wait list that will take my spot. I understand that any changes to information that I supplied on this registration form can be made only by contacting Laurie Strimavicius. Please sign and date to verify that you have read and understand this release and the above participant responsibilities.

Signature: _____ Date: _____