

**WOODY DYKERS CLINIC**  
**HOSTED BY PROVIDENCE EQUESTRIAN CENTER**  
**September 18, 2011**  
**424 Waxhaw Indian Trail Rd**  
**Waxhaw, NC 28173**

Woody Dykers rode and showed as a junior in Virginia. He showed on the University of Virginia IHSA team for three years, where he went to Nationals twice and placed over fences in the open division. He has been training in the Atlanta area for almost 30 years and has been judging for many years. He is a Big "R" judge for hunters, jumpers, equitation, and hunter breeding.

**Woody Dyker's Clinic- "A Judge's Perspective"**

**Walk Trot and Walk Trot Canter Sessions-** u/s, Equitation, Pleasure-  
What is judged in these classes?

**Hunter and Equitation Sessions-** Riders will be divided into groups according to fence heights. The clinic's emphasis will be placed on course work followed by analysis from a judge's perspective. Judge's feedback on u/s and equitation on the flat.

**Jumpers Sessions-** Technique for both horse and rider for safe, effective, and winning rounds!

**IHSA Sessions-** Experienced IHSA rider and Judge to offer feedback on coursework and Equitation to college riders.

**Registration deadline is September 14, 2011.**

**Sessions will be 2 hours in length.**

**Session times will be determined and riders notified by September 16, 2011.**

**Attire- polo shirts for jumpers, show shirts for all other divisions.**

**Please be ready for your clinic 15 minutes prior to the established session time.**

**Clinic Fee- \$85/rider, \$30/Auditor**

**Stalls- \$25/day**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Age** \_\_\_\_\_

**Email** \_\_\_\_\_

**Session** \_\_\_\_\_

**Fence Height** \_\_\_\_\_

**Payment \$** \_\_\_\_\_ **Check #** \_\_\_\_\_

\_\_\_\_\_ **MC** \_\_\_\_\_ **Visa** \_\_\_\_\_ **Discover**

**#** \_\_\_\_\_

**CCV#** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**STATE OF NORTH CAROLINA UNION COUNTY**  
**RELEASE AGREEMENT AND ASSUMPTION OF RISK**

IN CONSIDERATION of the covenants herein contained and agreement with Providence Equestrian Center Inc., its officers, agents and employees, for My Child \_\_\_ My Ward \_\_\_ (check one)(*First, Last Name*)\_\_\_\_\_ to receive instruction in horseback riding and all activities incidental thereto, or to engage in horseback riding at the **Providence Equestrian Center Inc.**, I do hereby release and discharge Providence Equestrian Center Inc., its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have, or claim to have, against Providence Equestrian Center Inc., its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or I if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of the Providence Equestrian Center Inc. and to obey the instructions of the staff.

I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

**I understand all of Pec's policies and agree to abide by them.**

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date**