

Frederick Maggazeni Dressage/Jumping Clinic February 11th and 12th, 2023

Registration Form

Name: _____ Horse: _____

Email: _____

Dressage level you are currently riding _____ Level horse is trained _____

Height you are currently jumping _____ Height horse is trained _____

Please list your time preferences for the dates below:

Sat. the 11th _____ Sun. the 12th _____

Due to limited spaces and high interest we have a 1 lesson limit. A second lesson can be requested but won't be scheduled unless space allows.

Costs: Dressage/Jumping Clinic (Please specify type and amount of lessons you would prefer)

\$130/rider for a private dressage or jumping lesson

\$80/rider for a semi-private dressage or jumping lesson (2 riders)

\$50/overnight stall or \$30/day stall *no bedding included

\$30 stall cleaning deposit check *won't be processed if stall is clean upon leaving

Total enclosed: _____ (all checks payable to Houghton University)

Payment must be received to secure desired lessons as space allows, lesson dates and times will be confirmed through email as clinic date approaches

Number of stalls needed: _____ Anticipated arrival day/time: _____

Note - Thursday evening arrivals no earlier than 3:00 p.m. Large indoor may not be available for schooling Thursday evening. If you plan on arriving Thursday evening please email equestrian@houghton.edu for arena use details.

Mail payment and signed form to:

Hannah Williamson

9823 School Farm Road

Houghton, NY 14744

Or Email form to equestrian@houghton.edu

*check and cash payments accepted

Total enclosed: _____ (all checks payable to Houghton University)

Registration & payment must be received to secure space in clinic

Houghton University Event Liability Release Form: Frederick Maggazen Clinic

This signature constitutes an agreement that the party making it and each of the riders, owners, trainers or agents connected hereto shall accept and abide by the rules of the facility, and that each signer agrees to defend and hold Houghton University, its clinicians, agents, students, and employees harmless for any illness, loss or accident which may occur, whether or not such injury or loss resulted directly from the negligent acts or omissions of said clinicians, agents, students or employees. This signature further acknowledges that equestrian sports are high-risk activities and that the rider, owners, trainers, and/or agents willingly and knowingly assume any associated risk.

Signature: _____ Date: _____