

# Frederick Magazzeni Dressage & Jumping Clinic October 10-12, 2025

## Registration Form

Name: \_\_\_\_\_ Horse: \_\_\_\_\_

Email: \_\_\_\_\_

Dressage level you are currently riding \_\_\_\_\_ Level horse is trained \_\_\_\_\_

Height you & horse are comfortable jumping \_\_\_\_\_

Please list your time preferences for the dates below:

Fri. 10th \_\_\_\_\_ Sat. 11th \_\_\_\_\_

Sun. 12th \_\_\_\_\_

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

\$125/rider for a private dressage or jumping lesson

\$75/rider for a semi-private dressage or jumping lesson (2 riders)

-need to register with someone or connect about appropriate pairing options

\$60/overnight stall or \$35/day stall \*no bedding included

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: \_\_\_\_\_

### Mail payment and signed form to:

Hannah Williamson

\*check and cash payments accepted

9823 School Farm Road

Total enclosed: \_\_\_\_\_ (all checks payable to Houghton University)

Houghton, NY 14744

\*Registration & payment must be received to secure space in clinic\*

### Houghton University Event Liability Release Form: Frederick Magazzeni 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: \_\_\_\_\_