LIABILITY (includes COVID-19) RELEASE FORM

Fox Creek Farm Ent., LLC.
Haunted Hayride and Trail
10400 Fox Creek Lane
Partlow, VA 22534

I understand that I enter this trail at my own risk. By placing my name below, I acknowledge that I understand the rules, regulations, risks (including COVID-19) and medical conditions under which I should not enter the trail (see posted signs if unsure). My signature certifies I've not tested positive, had symptoms as defined by CDC, or been exposed to COVID-19 in the last 14 days. I acknowledge preventative measures cannot guarantee I will not be exposed to or contract COVID-19 while on the business's premises. COVID-19 is a highly contagious disease most often transmitted from person to person. I am aware that this is an interactive trail and that I may be touched by actors as they move about the crowd or by participants who may grab or hold on to each other or bump into each other. I understand that I will be walking in dark woods moving through mazes and tunnels where actors will be attempting to scare me. There will be loud sounds and sudden, unexpected movements.

In placing my name below, I understand that photographs are taken during the trail and my photograph may be used in promotional material.

I assume risk of harm, exposure to COVID-19 or injury which may occur to me as a result of participating in Fox Creek Farm Ent., LLC., event/activity. I hereby release Fox Creek Farm Ent., LLC., and its officers, employees, volunteers, landowners or agents from any liability, negligence, costs and damages resulting from their participation in this event/activity.

_____ _____

RESPONSIBLE PARTY IDENTIFICATION# **PRINTED NAME/SIGNATURE**

(In signing as a responsible party, I acknowledge I've READ and AGREE to take responsibility that all names/signatures below HAVE READ, AGREE and are the actual names of those in my party)

Participant Name	Signature	Minor
		Y or N
		Y or N
		Y or N
		Y or N
		Y or N
		Y or N
		Y or N
		Y or N
		Y or N
		Y or N
		Y or N
		Y or N
		Y or N