## LIABILITY RELEASE FORM

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

I understand I enter this trail at my own risk. By placing my name below, I acknowledge an understanding of the rules, regulations, risks, and medical conditions under which I should not enter the trail (see visual posted signs on property). I understand video and/or photographs are taken during the trail and this media may be used in promotional material.

My signature certifies, I am aware this is an interactive trail with live actors and I may be touched by actors as they move about the crowd or by participants who may grab or hold onto or bump into each other. I understand I will be walking in dark woods, moving through mazes and tunnels, where actors will be attempting to scare me. There will be unexpected and sudden load sound and movements. In placing my name and signature below, I assume risk of harm, or injury which may occur to me or my minors I accompany as a result of participating in Fox Creek Farm Ent., LLC., event/Haunted Hill, 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 my participating 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)

Partcipant Name	Signature	Minor
		Y or N
		Y or N