

## Covid-19 Protocol Agreement - Attendees

- All participants in your group agree they are Covid-19 symptom free (examples but not limited to: running fever, have cough, sore throat, shortness of breath, etc.). It is recommended that anyone who is immunocompromised not participate in this year's event.
  - a. Have you or anyone in your group been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?    Yes / No
  - b. In the last 48 hours, have you or anyone in your group had any of the following NEW symptoms?
    - i. Check all that apply.
      - i.  Fever of 100 F (37.8 C) or above, or possible fever symptoms like alternating chills and sweating
      - ii.  Cough
      - iii.  Trouble breathing, shortness of breath or severe wheezing
      - iv.  Chills or repeated shaking with chills
      - v.  Muscle aches
      - vi.  Sore throat
      - vii.  Loss of smell or taste, or a change in taste
      - viii.  Nausea, vomiting or diarrhea
      - ix.  Headache
      - x.  None of the above
  - b. In the last 14 days has a public health official advised you or anyone in your group to get tested for COVID-19? Yes / No
- All Participants agree to have temperature taken at the entrance gate. Anyone with temp over 99.9 will not be allowed to participate.
- All Participants agree to wear a mask/ covering over mouth and nose at all times. If you do not have a mask you may purchase one at the gate. If you have a medical condition that does not allow you to wear a face mask/ covering we are sorry but we cannot allow you to participate in this year's event.
- All participants agree to practice social distancing while in lines and going through attraction. While in the waiting areas and going through the attraction please maintain six feet from the group in front of you. (Maximum group size is six people)
- All participants agree to give contact information in case contact tracing is needed.
- In consideration of participating in this event, we hereby agree to release and discharge from liability arising from negligence The Haunted Shack, Haunted-Ridge, Ru-Ridge Corn Maze, Jeremy Rubesh, and Deborah Rubesh and its owners, directors, officers, employees, agents, volunteers, and all other persons or entities acting for them, on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree and acknowledge that these activities are in a group setting and involve known and unanticipated risks which could result coming in contact or contracting the Covid-19 virus or any other viruses.

\*\*\* The Haunted Shack reserves the right to refuse service to anyone, at any time without cause.

Adults in group: By signing below you agree to all protocols outlined above for yourself, and any minors listed below.

Print Name	Phone number	Signature (or if minor adult signature)
Print Name	Phone number	Signature (or if minor adult signature)
Print Name	Phone Number	Signature (or if minor adult signature)
Print Name	Phone Number	Signature (or if minor adult signature)
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