# HAUNTED SHACK/HAUNTED-RIDGE COVID-19 CONTINGENCY & SAFETY FLAN

## Haunterstack.com

HAUNTED SHACK/HAUNTED-RIDGE 1781 COUNTY RD. 1 CARLTON, MN 55718

AUGUST, 2020 VERSION 1

#### **INTRODUCTION**

The safety of our staff and loyal guests are our number one priority. We have always recognized that guests and staff place their trust in us to provide a scary, fun, and entertaining experience. However, they also trust that we have taken measures to ensure their absolute safety while visiting the Haunted Shack and Haunted-Ridge. Our commitment has not changed and because of the COVID-19 pandemic, we have taken additional measures to ensure the safety of everyone.

We will closely monitor government policy changes, recommendations by the Center of Disease Control (CDC), state mandates, and local guidance. The plan detailed in the following documents outlines the protocols we have put into place and will note any changes/modifications as they are made.

Haunted Shack/Haunted-Ridge

### SAFETY PROTOCOL

**PROTOCOL LIST & TRAINING:** In addition to our annual safety trainings for all new and returning staff members, we have developed a separate list of protocols to combat COVID-19. This list will be available to all staff members inside the main control room/office trailer.

**CONSTANT CAUTION:** All staff will be instructed and trained to watch to the warning signs and concerns to limit possible contamination among their peers and guest. Lead staff members will be equipment with security radios to notify medical personnel if the vise any symptoms of illness.

**TEMPERATURE READINGS:** Every staff and guest will have their temperature checked before working or entering the event each night. Temperature checked will be done using an infrared thermometer that does not touch the skin to eliminate contamination between testing. Any reading over 100.4 (38°C) degrees will result in additional testing. Refused to get your temperature checked will result in refusal of entry. Since the Haunted Shack/h. Peted-Ridge sits on private property, the property owners and event organizers have the legal right to deny entry if the above request is not met.

If an individual has a temperature of 100.4°F or higher they will be put in a secured area and rechecked after 5 minutes. If their temperature vill is at or above 100.4°F they will be sent home. If an individual's temperature is below 100 +°F up in recheck they will be checked once more in another 5 minutes to re-assure. We indicate there can be a variety of circumstances in which someone's temperature might be elevated to we want to give guests and staff an opportunity to cool off and be rechecked before having to tarn someone away.

MASKS/FACE COVERINGS: And staff (regardless of but not limited to race, religious views, or medical conditions) will be required to wear a mask or face covering that completely covers their nose and mouth throughout the property. If a guest or staff member refuses to wear a mask or face covering their nose and mouth, they will be asked to leave the property. As a reminder, the Haunted-Shack/Haunted-Ridge sits on private property and the property owners and event organizers receive the right to deny service if the above request is not met.

**SIGNAGE:** Signs viil be posted throughout the property as a reminder to abide by government guidelines.

Signage include. but not limited to):

- Face mask required.
- No Mask No entry
- Please maintain social distancing Stand Here
- To ensure your health and safety body temperature check is required prior to entering.
- If a staff member or attendee does not have a face covering one will be provided for them.

- STOP DO NOT VISIT IF you have been out of the United States in the past 30 days, been sick or in contact with someone who is sick, has a fever, runny nose, sore throat or cough. Thank you for your understanding.
- ATTENTION: Social distancing also applies outdoors. Please adhere to social distancing guidelines.

HAND SANITIZING STATIONS: Hand sanitizing stations will be spread throughout the property. These stations will be placed in easy to locate common areas of the property, including but not limited to entrances, concession stands, waiting areas, and porta-potty as as.

**ROUTINE CLEANING:** Cleaning and disinfecting of staff member area. break rooms, porta potties, and control room will be done on a regular basis.

Between each Hay wagon ride we will spray down all the handrails a reas with a disinfectant spray. Periodically throughout the evening we will go through the haunted House and spray down all areas that may get touched with a disinfectant sp. v. I ll props that hang down in the pathway of participants will either be removed or tied up out of the way.

**PERSONAL PROTECTIVE EQUIPMENT (PPE):** A. fro at of house staff (cashiers, ticket takers, security, parking enforcement, etc.) will be supply with gloves and a mask to limit any cross-contamination.

**SOCIAL DISTANCING:** We will have social distancing spacing set up in our waiting line areas. In addition, all staff members will practice social distancing while on breaks or down times and maintain social distancing.

The haunted trail and haunted house will ave a maximum of 6 people per group and the groups will be spaced apart.

**REDUCED TOUCH:** All staff mambers will be instructed to limit touch in their work area to limit the spread of germs regardless of routine sanitation. This new guideline applies more specifically to the Haunted hack and Haunted Maze attraction, where actors will not be intentionally touching any grest per sing through the attraction.

FACE PAINTING & COSTUMES: Spacing limitations will be implemented while actors prepare for opening each night. This includes social distancing of six feet or more, items to sanitize the area, and individually packed makeup sets for each actor that will not be shared. To help with social distancing an inditional prep trailer / break room will be on-site.

All actors will be supplied their own personal costume by the Haunted Shack. In addition, all actors will have their own make-up kit and a face mask provided by the Haunted Shack. Actors are responsible for cleaning and maintaining their face mask. Actors will be responsible for maintaining and bagging their costume, makeup, and mask each night and storing in their own assigned cubby.

#### **GUEST RESPONSIBILITY**

- 1. If you or any member of your party or family is not feeling well, do not visit. Please plan on attending when everyone is well.
- 2. All guests (regardless of but not limited to race, religious views, comedical conditions) will be required to wear a mask or face covering that completely covers their nose and mouth throughout the property. If a guest refuses to wear a mask or face covering over their nose and mouth, they will be asked to leave the property. As a reminder, the Haunted Shack/Haunted-Ridge sits on private property and the property owns and event organizers reserve the right to deny service if the above request is not me.
- **3.** Prior to entrance into the event <u>all guests</u> w'll be required to read, fill out and sign a RELEASE, INDEMNIFICATION, AND HOLL TAXMLESS AGREEMENT and a Covid-19 Protocol Agreement Attendees. If you are under the age of 18 an adult guardian or parent must sign your form. Upon completion of the form a Haunted Shack / Haunted-Ridge staff member will review your form. and upon approval you will have your temperature checked by an infrared thermometer.
- 4. Currently, government health organizations are recommending people who are 65 years and older, those who are living in rursing nomes, or long-term care facilities, and people with underlying medical conditions should either remain at home or keep their distance from others. Underlying medical conditions include (but not limited to) chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised, sever obesity, diabetes, chronic kidney disease undergoing dialysis and liver disease. Reference: https://www.cdc.g.w/cc.onavirus/2019-ncov/need-extra-precautions/index.html
- **5.** Guests are encourage antize hands frequently while on the property.
- **6.** When coughing or neezing, cover your mouth and nose with a flexed elbow or tissue. Throw away any need assue into a trash receptacle after use.
- 7. Follow ocial p'iysteal distancing guidelines carefully, maintaining six feet of space from others. Fan 'ly members and others (a "family unit") who live in the same household can be c'eser toget, er. All others should strictly adhere to the physical distancing guidelines. There w. 'be signs throughout the property to serve as a reminder.
- **8.** To facilitate and adhere to physical distancing guidelines, attractions may reduce capacity. Please be patient and have understanding as there have been operational changes. We apologize if you experience any delays or inconvenience because of our safety procedures.

#### STAFF-RESPONSIBILITY

- 1. If you or any member of your family is not feeling well, do not come to work. Please plan on working when everyone is well. If you have experienced shortness of breath, loss of taste or smell, fever/chills you are required to stay home and call (218-348-1561) or (218-269-6433) the Haunted Shack and report that you will not be working your shift.
- 2. All staff members will be required to wear a mask or face covering that completely covers their nose and mouth throughout the property. If a staff member refuse to wear a mask or face covering over their nose and mouth, they will be asked to be the property. As a reminder, the Haunted Shack / Haunted-Ridge sits on private property and the property owners and event organizers reserve the right to deny service if the above request is not met.
- 3. Prior to any work on the property, <u>all staff members</u> will be required to read, fill out and sign a release, indemnification and hold harmless agreement. If you are under the age of 18 an adult guardian or parent must sign your form. Attack Shack/Haunted-Ridge staff member will review your form and upon approval you will be allowed to work on the property. This form is good for one year.
- 4. Prior to your shift and entrance into the evertain inff members will be required to answer a Covid-19 Protocol Agreement Staff The restionnaire will be done by a Haunted Shack/Haunted-Ridge staff member. You will have your temperature checked by an infrared thermometer. These questions and thermometer check will be done for each shift. If you pass you will be given a wrist be an A new wrist band will be issued for each day.
- 5. Currently, government health or ganizations are recommending people who are 65 years and older, those who are living in a ring homes, or long-term care facilities, and people with underlying medical conditions should either remain at home or keep their distance from others. Underlying redical anditions include but not limited to chronic lung disease or moderate to severe astance serious heart conditions, immunocompromised, sever obesity, diabetes, chronic languages undergoing dialysis and liver disease. Reference: https://www.cdc.gov/co.anavirus/2019-ncov/need-extra-precautions/index.html
- **6.** Staff members are recovaged to sanitize hands frequently while on the property.
- 7. When coughing or eezing, cover your mouth and nose with a flexed elbow or tissue. Throw away any cold tissue into a trash receptacle after use.
- **8.** Follow coal/physical distancing guidelines carefully, maintaining six feet of space from others. Fam. members and others (a "family unit") who live in the same household can be closer together. All others should strictly adhere to the physical distancing guidelines. There will be signs throughout the property to serve as a reminder.
- **9.** To facilitate and adhere to physical distancing guidelines, attractions may reduce staff capacity. Please be patient and have understanding as there have been operational changes. We apologize if you experience any delays or inconvenience because of our safety procedures.

#### COMMUNICATION

The Haunted Shack and Haunted-Ridge will effectively communicate the new operation procedures to all visitors both staff and guests prior to arrival via the Haunted Shack website (http://www.hauntedshack.com/home.html) and Facebook page (https://www.facebook.com/haunted.shack/).

Due to the new precautions taken this year and our efforts to keep every a safe, you may experience longer wait times. In addition, the Haunted Shack/Haunted Vidge has the right to refuse admittance or dismiss any person from the premises for any reason. Lastly, advertising will state mask required and a covid-19 pre-screening will be done prior to entry.

#### RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration of participating in haunted house activities and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence The Haunted Shack, Haunted-Ridge, Ru-Ridge Corn Morgary Rubesh, and Deborah Rubesh and its owners, directors, officers, employees, agents, volunteers, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my content, heirs, assigns, personal representative and estate, and also agree as follows:

- 1. I acknowledge that these activities involve known and unanticipated risks which could result in physical or endingering to remain a injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to roken bones, bruises and other bodily injuries caused by falls or contact with walls, objects or other particants: nedical conditions resulting from physical activity; damaged clothing or other property, coming in contracting the Covid-19 virus or any other viruses. I understand such risks simply cannot be eliminated, deside the use of safety equipment, without jeopardizing the essential qualities of the activity.
- 2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and left to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I and participate due to physical or medical conditions, then I will immediately discontinue participation.
- 3. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees known that this event is in a group setting and that have me in contact or contract the Covid-19 virus or any other viruses. My participation in this activity is purely tary and I elect to participate and release any liability from the Releasees despite the risks
- 5. I represent that I have adequate insurance to cover any injury damage suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage suffer or cause while participating in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly any such condition.
- 6. In the event that I file a lawsuit, I agree to do so solely in the state where the Releasees' facility is located, and I further agree that the substantive law of that state will appear to the substantive law of that state will appear to the substantive law of that state will appear to the substantive law of that state will appear to the substantive law of that state will appear to the substantive law of that state will appear to the substantive law of the substantive law of
- I agree that if any portion of this agreement is found to void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt of my pilerty is damaged during my participation in this activity, then I may be found by a court of law to have waived a rights to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire docume. Any should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might of be made available to me or that the cost to engage in this activity would be significantly greater if I choose to not sign is reported by the second of this release to be significantly greater if I choose to not sign is reported by the second of this release to be significantly greater if I choose to not sign is reported by the second of this release to the second of the second of this release to the second of this release to the second of this release to the second of t

I have read and understood this docum, and agree to be bound by its terms.

Print Name				
Address	City	State	Zip	
Signature		Date		
PARENT OR GUARDIAN ADDITION In consideration of the minor/ minor and hold harmless Releasees from in any way connected with such pa	rs listed below being pern any claims alleging negli	nitted to participate in this a gence which are brought t	activity, I further agree	to indemnify
Name/s of Minor/s				
Parent Guardian Signature			Date	

#### Covid-19 Pre-Screening Protocol - Staff

- 1. You, as a participant / volunteer agree you are covid-19 symptom free (examples but not limited to: running fever, have cough, sore throat, shortness of breath, etc.). It is recommended that if you are immunocompromised not participate in this year's event.
  - a. Have you 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 l	ast 48 hours, have you had any of the following NEW symptom	ıs?	
	i.	Check all that apply.		
	i.	Fever of 100 F (37.8 C) or	v.	Muscle aches
		above, or possible fever symptoms like alternating chills and sweating	vi.	Sore thro it
	ii.	Cough	vii.	Loss of sme. or taste, or a change in the
	iii.	Trouble breathing, shortness of breath or severe wheezing	viii.	vo niting or diarrhe
	iv.	Chills or repeated shaking with	ix.	Teadach e
		chills	X.	None of the above

- b. In the last 14 days has a public health official advised you to get tested for COVI \-19? Yes / No
- 3. You as a Participant / volunteer agree to have temperature taken before your shift. Anyone with temp over 99.9 will not be allowed to participate.
- 4. You as Participant / Volunteer agree to wear a mask / covering over rough and nose at all times. If you have a medical condition that does not allow you to wear a face mask/ covering we re sorry but we cannot allow you to participate / volunteer in this year's event.
- 5. You as a participant / volunteer agree to practice social distancing while getting ready, on breaks, on the grounds and while acting. Please practice and maintain six feet when possible.

  In consideration of participating / volunteering, in this event, you her socknowledge that it is a group setting and that there is a chance that you may come in contact or contract the love d-19 virus or any other virus.
- \*\*\* The Haunted Shack reserves the right to refuse service to any time without cause. Adults in group: By signing below you agree to all protocols outlined hove for yourself, and any minors listed below.

Print Name		Fnone umber	Screener Name (Please Print)
Print Name		Phone number	Screener Name (Please Print)
Print Name		Phone Number	Screener Name (Please Print)
Print Name		Phone Number	Screener Name (Please Print)
Print Name	1 m	Phone Number	Screener Name (Please Print)
Print Name		Phone Number	Screener Name (Please Print)
Print Name		Phone Number	Screener Name (Please Print)
Print Name		Phone Number	Screener Name (Please Print)

#### **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.		peen within 6 feet of a person with a late with their mucus or saliva, in the past	ab-confirmed case of COVID-19 for at st 14 days? Yes / No
b.	In the last 48 hours, have you or an i. Check all that apply.  i. Fever of 100 F (37.8 C above, or possible fever sy		v. Muscle aches
	like alternating chills and s ii. Cough iii. Trouble breathing, sho	sweating	vii. Sore throat  Loss of smell or taste, or a change in taste
	breath or severe wheezing iv. Chills or repeated shall	V	ix. Yeadache  X. None of the above
	Yes / No		get tested for COVID-19?
allowed All Parimay purcovering All part areas a size is All part In consideration in agree a which of	d to participate. ticipants agree to wear a mask/ courchase one at the gate. If you have are sorry but we cannot allow ticipants agree to practice social country and going through the attraction posix people) ticipants agree to give contact information of participating in this evence The Haunted Shack, Haunte owners, directors, officers, employen behalf of myself and my children and acknowledge that these activities and acknowledge that these activities and shack reserves the right to refute the server of the state of the server	overing over mouth and nose 'all over a medical condition that does now you to participate in 'nis year' elistancing while in the sound doing to lease maintain six feet that the growth we hereby ag. I release a d-Ridge, Ric-Rias Corn Maze, Jellyees, agents, 'olunteers, and all on pare no heirs, assigns, persona	tir les. If you do not have a mask you of allow you to wear a face mask/event. Though attraction. While in the waiting oup in front of you. (Maximum group meeded. Indidischarge from liability arising from remy Rubesh, and Deborah Rubesh other persons or entities acting for all representative and estate, and also obve known and unanticipated risks by other viruses.
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)

Phone Number

Phone Number

Print Name

Print Name

Signature (or if minor adult signature)

Signature (or if minor adult signature)

#### **Personal Health History and Waiver**

This form is completely confidential and only used in case of emergency Volunteer Name: \_\_\_\_\_\_ 18 year Julider Phone number\_\_\_\_\_ Age if unde. 18 Address: City: State: Email: Allergies: food, medication, insects and/or plants List any medications you are on: List any physical or behavioral conditions that may limit participation, such as lifting limits, seizures, ADHD, bipolar disorder, or any other limitations we should know about) In the event of an emergency, whom should we contain? Relationship: Name: ь.t Number: Phone Number: What is expected.

## At 'he strint of each shift use the designated VOLUNTEER ACCES FNI no POINT TO GET YOUR NIGHLTY COVID-19 SCREENING. — Located on to Southwest side of the Haunted Shack Building.

1. Turn in completed forms before any volunteer work can be done.

\*If under 18 this form must be completed by parent or legal guardian

- 2. Actors should attend at lea 1 scheduled acting class before their first night acting. If scheduled night does not work, please s, 2ak with the acting coordinator to go through material.
- 3. Masks/ face coveries should be worn at all times and all volunteers should sanitize hands throughout their shift.
- 4. Sign in and out hight-turn in costumes, accessories, vests, radios, etc. Nothing belonging to the Shack should go here with anyone. The Haunted Shack is not responsible for any lost or damaged items brought to the haunted Shack- all volunteers should leave valuables at home or locked in vehicles. Your costumes will be pagged at the end of each night and placed in your cubby.
- 5. Each actor . "I have a cubby to keep their personal make up bag, personal items and mask in. Please do not share Make-up or mask with others. If you run low or need something specific please let the acting coordinator know and we will try to get it for you right away. Keep all make-up you use in your bag with your name marked on it.
- 6. Show up for your scheduled shifts. If you cannot make it please contact Julie as soon as possible at 218-391-9546 so we can fill your spot for the night. If you are running a fever of 100 degrees or higher, coughing, or showing any other symptoms or Covid-19, or been in contact with anyone that has tested positive please stay home and contact Julie. Temperatures will be checked for all volunteers at the start of all shifts.
- 7. On busy nights we may run past the closing time. We ask that volunteers stay in their scenes until someone comes to release you. We typically wrap up within a half hour of closing.

#### **Personal Health History and Waiver**

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#### VOLUNTEER ACCESS ENTRY FOINT 10 GET YOUR NIGHLTY COVID-19 SCREENING. -

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Phone Number:

What is expected.

\*If under 18 this form must be completed by parent or legal guardian

This form is completely confidential and only used in case of emergency

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- 5. Each act or will naw cubby to keep their personal make up bag, personal items and mask in. Please do not share ke-up or mask with others. If you run low or need something specific please let the acting coordinator ke and we will try to get it for you right away. Keep all make-up you use in your bag with your name marked on it.
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- 7. On busy nights we may run past the closing time. We ask that volunteers stay in their scenes until someone comes to release you. We typically wrap up within a half hour of closing.
- 8. Give it your all each and every night no matter what your job is for the night. Please be flexible- at times we may need to change things up to ensure all positions are covered. Be prepared to work both in the Shack and outside on every shift. We will try to accommodate preferences but need flexibility to work anywhere as needed.
- 9. Treat each other with respect. Treat all materials (costumes, props, tools, etc.) with respect and use with care. \* Misconduct can result in dismissal of volunteer.
- 10. Be aware of possible safety issues and report them to organizers right away.
- 11. Assist with nightly clean up. This includes inside the costume trailer, outside ground and out on the hayride, and inside the shack and corn maze.
- 12. We periodically provide food/ treats/ beverages for the volunteers. PLEASE take one helping to start and once everyone has been through the line seconds will be offered. Also please in sure to clean up after yourselves and the area around you.

#### Authorization:

I, as a volunteer or parent/ guardian of a minor volunteer agree that the health history is correct so far as I know and I am able to engage in all activities, except as noted. In the event or in the course of such activity, I request that measures be instituted without delay as the judgement finedical personnel dictates. Also, I as a volunteer or the parent of volunteer indemnify, hold harmless, and defined the event organizers and volunteers from any and all claims, suits, loss, costs, damage, or expension account of injuries to or death of any organizer or volunteer and on the account of any and all damages to property to whomsoever belonging, including property owned, leased to, or in the care, custody, and control of the organizers of the The Haunted Shack, Haunted-Ridge, Ru-Ridge Corn Maze, Jeremy Rubesh, and Detoral Rupesh.

Volunteer Name (Print):		
Volunteer Signature:	Date:	
If under 18 Parent Name:	Phone Nu	ımber:
Parent Signature:	Date:	
**************************************	*********	****
This year t-shirts are discounted to \$7.00 % specialty sign up and work 5 or more shifts with each or che complete the form below and return with cash or che Volunteer Name	or t-shirts and masks on their fi	inal scheduled night.) Please
Purchasing T-shirt an `Mask \$10	T-shirt Size	(adult sizes only)
Purchasing T-shirt only \$7.00	Number of shifts Scheduled	d
Purchasing Mask only \$3.00		
Date T-shirt and/or Mask received	Date of Last scheduled Sh	ift
***T-shirts/ Masks will be handed out the first night of	of ac	

### 2020 Dates & Times HAUNTED SHACK

## **Haunted Hayride, Haunted Trail & Haunted Shack**

## **FACE MASK WILL BE REQUIRED BY ALL**

Friday October 9th 7:00pm—10pm
Saturday October 10th 7:00pm—10pm
Thursday October 15th
Friday October 16th 7:00pm—9pm
7:00pm—10pm
7:00pm—10pm
7:00pm—10pm

Saturday October 17th
Sunday October 18th

7:00pm—10pm
7:00pm—10pm
7:00pm—10pm
7:00pm—9pm

Temperture Cl. ock an Pre-Sreening Questions.

Thursday October 22nd 7:00pm—9pm
Friday October 23rd 7:00pm—10pm (see we site for more details)

Friday October 23rd
Saturday October 24th
Sunday October 25th
Sunday October 25th

7:00pm—10pm
7:00pm—10pm
7:00pm—10pm
7:00pm—10pm

Sunday October 25th 7:00pm—9pm
Thursday October 29th 7:00pm—9pm
VIII End 1/2 Hour

Friday October 30th 7:00pm—10pm Before Ending Time

FINAL NIGHT— Spm - Last Ticket 9:30pm Saturday October 31st 7pm—10pm. 9pm - Last Ticket 8:30pm

KIDS DAY / FAINT of HEAFT— Saw day October 24th 10am—2pm

PLAN ACCORDINGLY: This is an outowar event. Plan for proper weather conditions.

NIGHT TIME SHOWINGS ARE NOT POCK AENDED FOR KIDS UNDER 12 YEARS OF AGE.
ALL KIDS UNDER THE AGE OF 16 MUST BE ACCOMPAINED BY AN ADULT

#### PRICING

HAUNTED HOUSE, HAUNTED TRAIL THRU THE CORN THRI. ATT) ACTIONS FOR ONE LOW PRICE PER PERSON DONATION

EXPRESS PASS: Fo. or additional \$10 per ticket you can purchase an express pass which gets you to the front of the lines.

Express Line at the Venue.

DISCOUNTS: (rot va. 1 with any other offers)

ring a non perishable food item and receive \$2 off.

B1. a coat for the Northland Coat Drive Coats for Kids. Receive \$5 off a ticket.

## SPECIAL KIDS DAY / FAINT of HEART DAY PRICING

SATURDAY Oct 24th 10am—2pm. \$10 per person donation (3 & under free)

Treats will be handed out along the HAUNTED MAZE for the first 250 kids 12 and under.

Dates and Times Subject to Change. Weather Conditions Permitting. Check Web Site & Facebook for updates