Haunted Orchard Waiver 2025

Timberland Hills Orchard

I understand and acknowledge that participating in the haunted orchard experience may involve physical challenges including but not limited to darkness, loud noises, unexpected scares, uneven ground, and tree branches.

I voluntarily choose to participate in this activity, knowing that it may be frightening and physically intense.

I release the organizers, staff and property owners from any claims, demands, actions arising or causes of action arising out of or related to any loss, damage, or injury that may occur as a result of my participation in the haunted orchard.

I agree to abide by all rules and guidelines set forth by the organizers and understand that failure to do so may results in my removal from the haunted orchard premises.

I understand and agree that this release extends to all claims of any kind or nature whatsoever, whether foreseen or unforeseen, know or unknown and I expressly waive any protection that may be afforded by any statute or law in any jurisdiction.

I also understand that this release binds my heirs, executors, administrators and assigns.

Participant Age: ☐ Under 18 Years Old ☐ Over 18 Years Old

Participant First Name

Participant Last Name

Emergency Contact Name

Emergency Contact Phone

Participant Signature (Over 18)

Parent/Gaudian Signature (Under 18)

Date Signed

Parent/Gaudian Name Printed