BOONE HALL FRIGHT NIGHTS

2025 SEASON

1099 Haunted Attraction Contractor Application

This Application Must Be Completed, Even If You Have Previously Worked with Boone Hall Fright Nights in Prior Years

Please Print *Clearly*- This Address Will Be Used for Mailing Checks

Name:

Address:

City, State, & Zip:

Social Security #: **Date of Birth:**

Tel. #: **Alt. #:**

E-Mail Address:

Emergency Contact: **Relationship:**

Emergency Contact Tel. #.

I Agree to Receive SMS Messages Concerning My Application & Scheduled Work Dates

☐ I Consent

Message and Data Rates May Apply. Reply HELP for help and STOP to opt-out. SMS Sharing Disclosure: No Mobile Data Will Be Shared with Third Parties/Affiliates for Marketing or Promotional Purposes at Any Time.

Position Applying For (Select All That Apply):

☐ Acting [16+] ☐ Technical Staff [21+] ☐ Ticket Validation [21+]

Please Note: Technical Staff and Ticketing Positions Must be Available ALL Nights During the 2025 Season.

Have you previously worked for Boone Hall Fright Nights? ☐ Y ☐ N

Please indicate any special skills/talents/experience that relate to performing (i.e. acting, make-up, set-design, etc), which you may bring to your role at Boone Hall Fright Nights_____

_____

Are you 18 years or older? ☐ Y ☐ N

(You Must be 16 to Apply. Positions for Individuals Under 18 are at Management's Sole Discretion and Require Written Parental Consent)

Do you have any physical limitations that could prevent you from performing repetitive tasks, climbing on and off hayride trailers and/or frequently lifting 50+ lbs? ☐ Y ☐ N

If yes, please explain: _____

_____

If I am to receive a seasonal contract offer with Boone Hall Fright Nights, I hereby grant Live Productions, LLC and all associated entities the right to use any article physically developed and/or created for Boone Hall Fright Nights, my performance, name, likeness, and/or voice for any purpose including advertising, publicity, sales, promotion, and/or institutional promotion of any product or service.

I acknowledge that positions associated with Boone Hall Fright Nights are 1099 independent contractor positions based on nightly performances and are not eligible for workers compensation coverage. Actors and event staff are contracted to perform their duties on select dates and are paid based on their timely attendance and completion of their assigned tasks.

I acknowledge that submission of this agreement does not guarantee a position with Boone Hall Fright Nights and is only applicable if I am contracted to work.

I acknowledge that Live Productions, LLC may conduct thorough background checks on any actor or staff member to ensure the safety and comfort of all actors, staff, and guests in attendance at Boone Hall Fright Nights.

*I acknowledge that I will be **required** to conduct an unpaid in-person orientation to complete necessary paperwork at Boone Hall on either Sept. 13, 2025 [4-6pm] **OR** Sept. 16, 2025 [4-6pm]. Boone Hall Fright Nights Address: 2434 N HWY 17, Mt. Pleasant, SC 29466.*

*I acknowledge that I will be **required** to participate in paid dress rehearsals on September 25, 2025 **AND** September 26, 2025 from 5:00pm – 10:00pm.*

I acknowledge that I understand that checks will be distributed following the conclusion of the season and will be available for pickup on SUNDAY November 16, 2025 between 2:00pm and 5:00pm at the produce stand. Any checks not picked up on this date will be mailed to the address on file the following Monday. I acknowledge that I understand it is MY RESPONSIBILITY to provide accurate and up-to-date address information to Boone Hall Fright Nights management to ensure checks are mailed to the proper address.

Signature: _____ Date: _____

If under 18 years of age, a parent or guardian's signature below is required. Your parent or guardian's signature acknowledges that they have read the terms of this application and give consent for your participation during the 2025 Boone Hall Fright Nights season.

Parental Signature: _____

Parent Night Time Telephone #: _____

All Parental Signatures Will Be Verified

Event Director Initial

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

EMERGENCY CONTACT FORM

Name _____

Personal Contact Info:

Home Address_____

City, State, ZIP _____

Cell Phone # _____ Email Address _____

Emergency Contact Info:

(1) Name_____ Relationship_____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name_____ Relationship_____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

Dentist Name _____ Phone # _____

Allergens, Prescriptions, etc.:_____

☐ I have voluntarily provided the above contact information and authorize Boone Hall Fright Nights and its representatives to contact any of the above on my behalf in the event of an emergency.

☐ I authorize Boone Hall Fright Nights to request emergency medical aid/transport on my behalf in the event of an emergency.

Signature _____ Date _____

Receipt of Handbook:

By signing this page, I acknowledge that I have received and read my copy of the Actor and Event Staff Handbook for Boone Hall Fright Nights. I understand that it is my responsibility to read this handbook in full and direct any questions I may have to my supervisor or the event director.

I hereby grant Live Productions, LLC, Boone Hall Farms Inc. and all associated entities the right to use any article physically developed and/or created for Boone Hall Fright Nights, my performance, name, likeness, and/or voice for any purpose including advertising, publicity, sales, promotion, and/or institutional promotion of any product or service.

I also understand and agree that my contract for a position is at-will, which means either myself or Boone Hall Fright Nights/Live Productions, LLC may terminate this relationship at any time, for any reason or for no reason, with or without expressed cause or notice.

I understand that this handbook is not a contract, express or implied, guaranteeing employment for any specific duration. I understand that my position at Boone Hall Fright Nights is that of a 1099 independent contractor and that these positions are not eligible for workers compensation.

I understand that checks will be available following the conclusion of the operating season and may be picked up on SUNDAY November 16, 2025 from 2:00pm – 5:00pm at the produce market. Any discrepancies regarding checks must be brought to Live Productions' attention during check pick-up. Any checks not picked up will be mailed to the address on file on Monday November 17, 2025. I understand it is my responsibility to update any change-of-address with Live Productions, LLC prior to 11/01/2025. Checks which must be re-issued due to an incorrect address may be subject to a $35.00 cancelled check fee.

Release, Indemnification, & 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 Live Productions, LLC Boone Hall Farms, Inc., Boone Hall Plantation, Boone Hall Limited Partnership, 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 children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1.I acknowledge that haunted house activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to broken bones, bruises and other bodily injuries caused by falls or contact with vehicles/tractors, walls, objects or other participants; medical conditions resulting from physical activity; damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment and training, 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 I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

3.I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

4.I represent that I have adequate insurance to cover any injury or damage I suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume-and bear the costs of-all risks that may be created, directly or indirectly, by any such condition.

5. In the event that I file a lawsuit, I agree to do so solely in the county and state where the Releasees' facility is located, and I further agree that the substantive law of that state shall apply.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my 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 document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me, should I choose not to sign. I have read and understood this entire document and agree to be bound by its terms.

_____	_____
Actor/Staff Signature (or Name of Minor)	Parent/Guardian Signature (Under 18)
_____	_____
Printed Name	Printed Name
_____	_____
Date	Date

Address_____City_____State_____Zip_____



ACTOR & EVENT STAFF HANDBOOK

REVISION DATE: 7/27/2025

WELCOME

Welcome to the Boone Hall Fright Nights family! You're now a part of the team that brings fear to thousands each Fall as a part of South Carolina's Largest Multi-Attraction Haunted Event. We hope that you will enjoy being a part of this experience and that your time spent with us will be rewarding.

Our team takes pride in operating a world-class seasonal attraction that pushes the boundaries of reality. The 2025 event features three (3) individual attractions spread over several acres on the grounds of Boone Hall Farms.

Guests visit Boone Hall Fright Nights with high expectations for scenic design, acting quality, and overall event experience. As such, we have developed guidelines to help our seasonal and special event personnel be successful in presenting an incredible experience to our guests.

Please take the time to familiarize yourself with this handbook and the policies and practices contained herein. If you have any questions, please don't hesitate to contact a supervisor with Boone Hall Fright Nights or Live Productions.

Your application, receipt of handbook form, emergency contact form, and form W9 must be returned during an in-person orientation on September 13, 2025 or September 16, 2025. All applicants must complete at least ONE orientation date in order to be scheduled as an actor or member of our event staff. For actors under 18 years of age, a parent signature is required on your behalf.







1099 Independent Contractor

All positions with Boone Hall Fright Nights are seasonal contract labor positions and are not eligible for any benefits or Workers Compensation coverage. Actors and Staff are contracted to work specific dates/times and are compensated according to their job position. Dates and hours of operation as well as flat-rate pay schedules are listed in this handbook. 1099 Independent contractors who meet the threshold of $600+ in wages required by law will receive a Form 1099-MISC at the conclusion of the 2025 calendar year via mail + email. Positions at Boone Hall Fright Nights are paid on behalf of Boone Hall Farms, Inc. by Live Productions, LLC. Live Productions, LLC is show-management for this event.

Background Checks

To ensure a safe and comfortable event environment for actors, staff and guests alike, Live Productions, LLC reserves the right to conduct thorough background checks on any individual contracted to work as a part of the Boone Hall Fright Nights event. Anyone with concerns regarding background checks should contact the Event Director immediately.

Alcohol

The consumption of alcohol by actors, staff, or guests before or while on Boone Hall Farms property is ***Strictly Prohibited*** and grounds for immediate termination. Anyone suspected to be under the influence of alcohol before or during a contracted shift may be immediately dismissed. Anyone who witnesses the consumption of alcohol by an actor, staff member, or guest during the operation of the event, should immediately report it to a supervisor, the Event Director, or Boone Hall Farms staff.

Drugs & Controlled Substances

The use and/or possession of illegal drugs or controlled substances while on Boone Hall Farms property is strictly prohibited. Anyone found to be under the influence of illegal drugs while on Boone Hall Farms property will be immediately dismissed and may be trespassed. Live Productions, LLC, Boone Hall Farms, Inc. and their affiliates reserve the right to conduct random drug screening.

Smoking/Vaping/Tobacco

Boone Hall Fright Nights has been designated as a non-smoking event. Actors and staff are not permitted to utilize tobacco products (including oral tobacco) or electronic cigarettes/vaping devices on property. Smoking/Vaping/Tobacco products should be left in your personal vehicle. Failure to abide by this policy may result in termination.

Weapons

Weapons of any kind are ***not allowed*** on Boone Hall Farms property. This restriction applies to actors, staff, and guests, including those possessing valid concealed weapon permits.

Cell Phones/Personal Property

Cell phone use while contracted to work is not permitted. Boone Hall Fright Nights recommends securing cell phones and valuables in a locked vehicle while working. **Live Productions, LLC, Boone Hall Farms, Inc. and their affiliates are not responsible for theft, loss, or damage to cell phones or personal property at any time.**

Written Warnings

Boone Hall Fright Nights utilizes a written warning system. Anyone issued a written warning will be required to read and sign it. Actors and staff will be afforded a space to write any comments related to the incident in question. A signed copy must be returned to management upon arrival for the next contracted shift. Failure to do so may result in dismissal from the event and may jeopardize future contract opportunities. Any three written warnings constitute dismissal. An individual's contract may be terminated prior to receiving three written warnings at management's discretion should the offense(s) warrant such action.

Care of Costumes, Sets and Equipment

Actors and Staff will be afforded the opportunity to work with a variety of specialty props, equipment, and high-quality costumes. You should treat any equipment issued to you with great care. Appropriate training on the use of any specialty equipment related to your job duties will be provided. Actors/Staff should ***immediately*** notify a supervisor if any prop, set, or animation requires maintenance. Under no circumstance should anyone attempt to fix any animation or conduct repairs to any set unless authorized to do so. Live Productions, LLC, Boone Hall Farms, Inc. and their affiliates reserve the right to hold an actor or staff member financially liable for any damage to costumes, props, set pieces, or equipment in their care. Management reserves the right to deduct any fees related to the above from your compensation. Actors and Staff are responsible for maintaining a workplace clean of trash and debris. Any trash generated during the event (water bottles, snacks, etc.) should be disposed of in a trash receptacle and should not be left in the attraction.

Actor/Guest Conduct

The nature of the event requires actors and staff to operate in tight spaces with limited lighting. If you have any concerns about working in these conditions, you should not participate. No guest may physically touch or assault any member of our team. Likewise, no actor or staff member should intentionally touch or physically interact with any actor or guest. Actors are strictly instructed to keep a safe distance from guests experiencing the haunted attractions as demonstrated during actor training. Actors are restricted from any activities that are deemed unsafe by management. In dark, confined spaces, occasional, accidental physical contact may occur. **Any actor who feels a guest has deliberately attempted to contact or harm them should notify a supervisor immediately.** Any actor or staff member who witnesses a guest or fellow actor acting in an unsafe or destructive manner should immediately contact the event director or a supervisor, providing as much detail as possible about the individual in question. Inappropriate interactions (of any nature) among actors and staff are strictly prohibited**. Any actor or staff member must immediately report any injury to themselves, another actor, or guest to their supervisor or the event director.** Profanity and/or vulgar language is strictly prohibited while on Boone Hall Farms property.

Physical Requirements/Indemnity

Individuals should be aware of the requirements for working in a haunted attraction including extended periods of standing, pushing, lifting, and/or screaming, all in an outdoor environment on a working farm. Many positions require an individual to lift 50+ pounds, climb on and off of hayride wagons, and/or walk on an uneven/natural ground surface. Individuals should also be aware of the environment in which they are working and understand that some positions may require an employee to interact with nature, including plants and insects. As an actor or staff member contracted to work at Boone Hall Fright Nights, you agree that you fully recognize the physical requirements for working in and around the haunted attractions and agree not to hold Live Productions, LLC, Boone Hall Farms, Inc. or their affiliates liable for damage to personal property, injury, or death while performing your duties at Boone Hall Fright Nights.

Harassment

Boone Hall Fright Nights believes all contractors have the right to be free from any form of harassment based on race, gender, color, religion, sexual orientation, national origin, age, physical or mental ability, citizenship status, veteran status, genetic information, or any other characteristic covered by state or local law. We are dedicated to providing a work environment free from discrimination and harassment.

Prohibited behavior includes, but is not limited to, the following examples:

1. Unwelcome physical contact or comments
2. Sexually explicit language, printed or electronic materials, or gestures
3. Uninvited and unwanted sexual advances or favors
4. Offering or providing terms or conditions of employment, including the actor or staff member's compensation or advancement, in return for submitting to offensive or unwelcome conduct
5. Name-calling, negative stereotyping, slander or other derogatory communications
6. Any other words, conduct or action that demean, stigmatize, intimidate, or single out a person because of his or her sex, race, color, religion, national origin, age, disability or other legally protected status

Complaint Procedure For Reporting Harassment,

Discrimination, or Any Concern or Problem

Anyone who has experienced any job-related harassment or discrimination must promptly report the incident. The procedure is as follows:

Harassment of any kind should be brought to the Actor Coordinator or Event Director's attention.

The matter will be investigated and appropriate action will be taken. Your complaint will remain confidential to the fullest extent possible. If it is determined that an actor/staff member is guilty of harassing another individual(s), the offending individual will be disciplined, which may result in termination.

Boone Hall Fright Nights prohibits any form of retaliation against any actor or staff member for filing a bonafide complaint under this policy or for assisting in a complaint investigation.

Communication/Confidentiality

Any inquiries related to the event experience, props etc. should be directed to the Event Director. Under no circumstance should any actor or staff member quote or reveal any "attraction secrets" to any customer. Actors and staff may not address inquiries personally or promote their own business ventures while on Boone Hall Farms property. **Contracted individuals should not represent Boone Hall Fright Nights in any business matter including on social media. Contractors MAY NOT respond to public inquiries, reviews, or comments on Boone Hall Fright Nights' social media.** Actors and staff are prohibited from sharing any photos from within the attractions or behind the scenes on social media or any other public forum. **There will be no written warnings for violation of this rule.**

Parking

Actors and staff must park in the main parking lot for Boone Hall Farms' special events. Whenever possible, parking will be reserved along the treeline closest to the Boone Hall Pumpkin Patch. During busy days for the Pumpkin Patch, actors/staff may be required to park in regular parking spots as directed by the parking attendants. Please obey all traffic control instructions provided by parking attendants, event staff, and Mount Pleasant PD/Charleston County Sheriff Deputies. Please be aware that families with young children, farm vehicles, hayride wagons, and other foot/vehicular traffic are present in the parking lots. **DO NOT SPEED** on any part of Boone Hall Farms property and use caution when driving in parking lots. Parking for actors or staff is not permitted on the midway, frontage road, or behind any attraction, unless permitted by a high-viz decal.

Boone Hall Fright Nights Street Address

2434 HWY 17, Mt Pleasant, SC 29466 [Look For the Facade :: Enter Through White Double Gate]

Preparing to Perform

Actor positions require actors to remain in character for long periods of time. An actor in character represents Boone Hall Fright Nights and should always interact appropriately (in-character) with guests. Breaks should be conducted in the appropriate spaces when instructed by an attraction supervisor and out of guest view. Under no circumstance should an actor "break character" during the execution of his/her duties unless there is a dire emergency occurring. Actors may not re-enter the midway or guest areas once they are in any level of costume/makeup.

Actors should arrive wearing all-black (including long pants). Dark colored **closed-toe** shoes are required. Costumes will be assigned nightly based on the actor's assigned character/position. **Actors should arrive as early as 4:30pm and NO LATER THAN 6:00pm** to ensure ample time for costuming and makeup each night. Event staff should arrive wearing black pants or jeans (where appropriate), closed toe shoes, and their assigned High-Viz Boone Hall Fright Nights Event Staff Shirt.

Makeup and Costuming staff will be available beginning at 4:30pm each evening of operation. Actors must check-in at the costume room (located behind the main tent) upon arrival. Boone Hall Fright Nights uses an electronic attendance system (connected to your Sithon portal) for tracking attendance, position, costuming etc. Any actor arriving after 6:00pm may be subject to replacement as there will not be adequate time to prepare costuming and makeup for their character. Please plan travel to the attraction appropriately if you must use roads that frequently experience high traffic volumes in the afternoon.

Actors and Staff should bring adequate water to remain hydrated during each night of operation. During the early-season temperatures may remain in the mid-80s in the evenings. Boone Hall Fright Nights is also a rain-or-shine event and attractions will operate in light rain so long as conditions remain safe. Actors and staff are encouraged to wear or bring appropriate clothing layers to wear under their assigned costume to prepare for heat, rain, or colder temperatures (later in the season). Please select closed-toe footwear safe for walking on uneven terrain and be aware that footwear may become dirty. Boone Hall Fright Nights takes place on a working farm with natural wildlife including mosquitoes. Bug spray is recommended.

COVID-19: Live Productions, LLC and Boone Hall Farms Inc. remain committed to operating Boone Hall Fright Nights in compliance with applicable regulations and recommendations for outdoor attractions during the 2025 season. Policies may be adjusted and simplified as time goes on, conditions improve, and new best practices are identified. Even with precautions in place, there is still some risk of exposure to COVID-19. We are committed to keeping you healthy and safe and have taken a number of precautions, including those recommended by applicable health authorities, but we cannot guarantee you won't be exposed to COVID-19. Participation as an actor or event staff contractor at Boone Hall Fright Nights is at your own risk.

Attendance

Boone Hall Fright Nights takes pride in being one of the most well-staffed attractions in the country. In order for our guests' high expectations to be met, our attractions rely on a full staff of creatures and technical staff every single night. Scheduling for all positions will occur each week via the Sithon portal. Even if you are not scheduled in a position, **please plan to attend every night of operation** as we often must fill "extra" positions during the costuming process. Your availability on the Sithon portal must be accurate prior to your orientation date. Anyone who no-call, no-shows on a night they are scheduled to work, will be subject to immediate replacement.

We like incentivizing our actors! On a nightly basis our Scream Team of actor coordinators will be passing through the attractions to check on you. Rewards for great performance include treats, gift cards, and even drawings for on-the-spot cash bonuses for attendance on select nights. Your perfect or excellent attendance greatly increases your chances of receiving additional incentives.

Compensation

Contracted actors/staff will be compensated for their work with Boone Hall Fright Nights. Event staff will be required to utilize an app-based timeclock program [WorkYard] to "clock in" and "clock out" each night. You must utilize a mobile device with GPS tracking enabled for the WorkYard App in order for it to work. Contractor wages will be communicated individually based on position, experience, etc.

Actors will be paid based on a competitive flat-rate for the nights scheduled to work:

- $50.00 for Dress Rehearsals
- $50.00 per night for Sunday Nights
- $75.00 per night for Friday and Saturday Nights

Boone Hall Fright Nights employs the use of an incentive program where actors/staff may receive incentives (financial or otherwise) for exceptional performance, timeliness, etc.

Actors who arrive late or do not complete their full night's performance are subject to replacement.

Checks will be available following the conclusion of the operating season and may be picked up on SUNDAY November 16, 2025 from 2:00pm – 5:00pm at Willie's Roadside Market (on Boone Hall Farms Property). Any discrepancies regarding checks must be brought to Live Productions' attention during check pick-up.

PLEASE PLAN TO PICK YOUR CHECK UP IN-PERSON ON SUNDAY 11/16/2025.

Change of Address

If your address changes during the season, it is **YOUR RESPONSIBILITY** to notify an actor coordinator or the Event Director in order to complete an updated W9. Live Productions, LLC is not responsible for mailed checks which do not reach their destination due to inaccurate address information on a contractors' profile.

Important Contact Information

- **ACTORS**
  - Inquiries Email:
    - Actors@BooneHallFrightNights.com
- **EVENT STAFF**
  - Ryan Neal- Event Director
    - Ryan@BooneHallFrightNights.com

Important Dates/Hours of Operation

MANDATORY Orientation Will Take Place on the Following Dates:
(Must Attend At Least One)

- **September 13, 2025 from 4:00pm – 6:00pm**
- **September 16, 2025 from 4:00pm – 6:00pm**

COMPLIMENTARY SCARE SCHOOL TRAINING DATES (Voluntary- LUNCH PROVIDED)

- **September 20, 2025 from 10:00am – 1:00pm**
- **September 21, 2025 from 10:00am – 1:00pm**

Boone Hall Fright Nights will be open the following dates:

- September 25, 2025 from 5:00pm – 10:00pm **Mandatory Dress Rehearsal**
- September 26, 2025 from 5:00pm – 10:00pm **Mandatory Media Preview Event**
- September 27, 2025 from 6:00pm – 12:00am **OPENING NIGHT**
- October 3, 2025 from 6:00pm – 12:00am
- October 4, 2025 from 6:00pm – 12:00am
- October 5, 2025 from 6:00pm – 10:00pm
- October 10, 2025 from 6:00pm – 12:00am
- October 11, 2025 from 6:00pm – 12:00am
- October 12, 2025 from 6:00pm – 10:00pm
- October 17, 2025 from 6:00pm – 12:00am
- October 18, 2025 from 6:00pm – 12:00am
- October 19, 2025 from 6:00pm – 10:00pm
- October 24, 2025 from 6:00pm – 12:00am
- October 25, 2025 from 6:00pm – 12:00am
- October 26, 2025 from 6:00pm – 10:00pm
- October 31, 2025 from 6:00pm – 12:00am
- November 1, 2025 from 6:00pm – 12:00am

Boone Hall Fright Nights Street Address

2434 N HWY 17, Mt Pleasant, SC 29466

Look For the School Façade :: Enter Through White Double Gates Near Farm Market