

MAGIC MOON FARM INC.
HEADLESS HORSEMAN HAYRIDES AND HAUNTED ATTRACTIONS
ATTESTATION OF SEXUAL HARASSMENT TRAINING WITHIN 12 MONTHS

Date: _____

I hereby attest that I have completed a New York State Compliant Sexual Harassment Prevention Training (SHPT) within the last year. The date of my last SHPT was _____.

I also acknowledge receipt of the Sexual Harassment Prevention Policy for Magic Moon Farm Inc. dba Headless Horseman Hayrides and Haunted Attractions.

I also acknowledge that I have been notified complaint forms can be found at any time at: <https://headlesshorseman.com/harassment> and the process this organization uses to file a complaint. Additionally, I received notification of the confidential hotline and support resources provided by the state of New York and the Department of Labor. I also have been notified that the Office Designee for this organization is the General Manager and I can contact the aforementioned individual, or any other Supervisor/Owner, with my complaint.

Signature of Employee: _____

Printed Name of Employee: _____

Employer Supervisor Signature: _____ Date: _____