

Pick Your Own Hours: Open Daily 9 am - 4 pm
Reservations Required.

1. Make reservations in advance by clicking "[For Reservations](#)" now or visiting our website and using the "For Reservations Click Here" tab
 2. Choose the date and time you will visit and complete your ticket purchase.
 3. Once you arrive at the farm, you will visit our welcome stand where you will be checked in, show your tickets and pick up your apple picking bags.
 4. Please try **NOT** to show up to pick without a reservation. It will slow your down check in process.
 5. Guests that do not have an advanced reservation will be asked to sign in and provide contact information at the welcome–check in stand.
 6. Each reservation time slot allows for 1.5 hours of apple picking. At the end of each time frame we will scan the orchards to ensure there is no overcrowding.
 7. To limit contact we will not be weighing bags at the end of your picking. Please fill (not overflow) your bags as the apple prices are fixed. **There will be no refunds.**
- **Reminder:** You may NOT bring your own bags, baskets or pails to pick. (you must use the apple bags provided when you check in.) If you need additional apple bags just head back to the check in stand and ask.
 - Our farm is open rain or shine. If severe weather occurs prohibiting picking, please contact the farm and we will arrange for a raincheck reservation.

PYO Apple Pricing:

Remember! To limit contact for all, we will no longer be weighing bags. Guests are encouraged to fill (*not overfill*) their apple bags. Prices are fixed and there will be no refunds.

- \$10.00 1/2 Peck bag (5 lbs.)
- \$18.00 Full Peck (10 lbs.)
- \$32.00 1/2 Bushel (20 lbs.)

Safety Protocols (These procedures MUST be followed to ensure the health & safety of our staff & all visitors/families):

For us to proceed with the 2020 pick your own season we have taken into consideration CDC & ther PYO safety guidelines set forth by the state of Massachusetts.

- If you're sick, don't pick (DO NOT enter the farm if you are ill, have a cough, or fever)
- Adults & Children elementary age and up MUST wear a facemask/face covering for their visit.
- Facemasks are required in the farm store at all times.
- Stay 6' apart from other visitors (our picking rows are more than 6" apart , so that will help)
- Sanitize your hands before & after picking (we will have sanitizer available in dispensers upon arrival and check out)
- Because you may NOT bring your own containers to pick, we will provide you with apple picking bags.
- If you touch it, take it (please take what fruit you touch)
- Staff will be in our fields to assist in making sure visitors are following the above safety protocols. If a Staff member observes any visitors who are not following these protocols, you will be reminded to follow directions. Our goal is to provide a safe experience for all visitors

The welcome booth where you check in will have additional signage and staff to assist with picking guidelines. Hand sanitizer dispensers & porta-potties are near the fields

****PLEASE READ- PLEASE READ-PLEASE READ-PLEASE READ****

WAIVER, RELEASE, INDEMNIFICATION OF CLAIMS

READ CAREFULLY: LEGALLY BINDING AGREEMENT.

I (we) voluntarily seek services provided by Grove Street Enterprises, Inc, d/b/a Hilltop Orchards and Furnace Brook Winery (hereinafter, Hilltop) and, in exchange for receipt of said services, I hereby acknowledge carefully reading this agreement and agree to the terms herein

including giving up my right to sue HILLTOP for compensation or to seek any other remedies against HILLTOP for any injury that I sustain, now or in the future.

WARNING: CORONAVIRUS / COVID-19 & DISCLAIMER

According to the Centers for Disease Control (CDC), the novel coronavirus 2019, COVID-19, is a virus thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks, which spread to others when people are in close contact with one another (within about 6 feet). COVID-19 is highly contagious and has been declared a worldwide pandemic by the World Health Organization. There is currently no vaccine to protect against COVID-19. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. Coronavirus infection may cause severe illness, injury, permanent disability, and death. Receipt of pick-your-own, hiking and other services from HILLTOP could increase the risk of contracting COVID-19. Although HILLTOP has instituted cleaning and social distancing protocols, HILLTOP cannot guarantee that COVID-19 infection will not occur during the receipt of services from HILLTOP or participating in HILLTOP activities.

RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE, & WAIVER Release

I acknowledge that by seeking pick-your-own, hiking and other services, I am potentially increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all prescribed procedures to reduce the spread while participating in these services. In exchange for receipt of services by HILLTOP, I hereby agree to release and on behalf of myself and my family members, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE GROVE STREET ENTERPRISES, INC. D/B/A HILLTOP ORCHARDS AND FURNACE BROOK WINERY, its officers, directors, employees, volunteers, agents and representatives ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my family members, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Grove Street Enterprises, Inc, d/b/a Hilltop Orchards and Furnace Brook Winery on account of personal injury, property damage, death or accident of any kind, arising out of: (1) participation in pick-your-own, hiking or any other service and (2) illness or death resulting from exposure to and infection with viruses, such as COVID-19 ("Covered Risks"). I certify that I have full knowledge of the nature and extent of the Covered Risks inherent in receiving services from HILLTOP, using any of the HILLTOP facilities or participating in any of its programs and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death arising out of or related to the Covered Risks, which I may I sustain while receiving services from HILLTOP, using any of the HILLTOP facilities or participating in any of its programs. By signing this agreement I, HEREBY RELEASE the aforementioned Releasees from all liability for such loss, damage, or death arising out of or related to the Covered Risks and I covenant and agree not to sue HILLTOP or any other Releasees for any such loss or damage.

REPRESENTATIONS REGARDING HEALTH

As a condition of my participation in services offered, and in light of the risks posed by the novel corona virus, by signing below, I further certify that I am in good health and have no conditions

or impairments which would preclude my safe participation in HILLTOP's activities and programs and further attest to each of the following:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or recent loss of taste or smell.
- I have not experienced any of the above symptoms in the last 72 hours.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted COVID-19 area within the United States of America in the last 14 days.
- I do not believe that I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

INDEMNIFICATION

In consideration of receiving services during my participation at HILLTOP, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or related to the Covered Risks and resulting from or in any way related to my presence at or use of any of HILLTOP properties or participation in any of HILLTOP's programs or exposure to or from other members to Coronavirus or COVID-19 or other viruses.

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE, I AM AT LEAST 18 YEARS OLD AND FURTHER UNDERSTAND THAT THE TERMS OF THIS AGREEMENT ARE LEGALLY BINDING ON MYSELF, MY FAMILY MEMBERS, MY HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS AND CERTIFY THAT I AM SIGNING THIS AGREEMENT, AFTER HAVING CAREFULLY READ IT, OF MY OWN FREE WILL.

Dated: _____
Guest _____

COVID WAIVER FOR ACCOMPANIED MINORS

I accept this waiver on behalf of the accompanied minor(s) listed below.

Signature of parent or guardian: _____

Dated: _____

_____, parent or guardian _____

[Print name]

[List name(s) of accompanied minor(s)]