

PLEASE PRINT:

**Participant:**

(Name)	Age:	Sex:
(Street Address)		
(City)	(State)	(Zip)
(Home Phone)	(Work Phone)	

## ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

*Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. **Sign and return this form to your supervisor.** If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.*

I, the undersigned, am aware that participation in the \_\_\_\_\_ may include activities that are risky and dangerous. I acknowledge that participation in the above referenced activity bears risk and danger from which bodily injury, up to and including mortal injury, may occur.

With full knowledge of the facts and circumstances surrounding the activity, I voluntarily agree to participate and assume all responsibility for and risk resulting from, my participation, including all risk of property damage and injury to others and to myself. I agree to comply with all of the rules and conditions of participating in the activity. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation. I will indemnify and hold the **Johns Hopkins University** and all of their respective agents, servants, employees and volunteers harmless with respect to all such costs.

I am aware that if I provide a vehicle not owned and operated by the **Johns Hopkins University** for transportation to, at, or from the event site, or if I am a passenger in such a vehicle, the **Johns Hopkins University** is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled event activities, regardless if occurring before, during or after the period of the activity.

To the extent permitted by law, and in consideration for being allowed to participate in the activity, I hereby save, hold harmless, discharge and release the **Johns Hopkins University** from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in the above referenced activity, whether caused by the negligence or carelessness of the **Johns Hopkins University** or otherwise.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the **Johns Hopkins University** from any claim by the aforementioned parties arising out of my participation.

I recognize and acknowledge that the **Johns Hopkins University** makes no guarantees, warranties, representations, or other promises relative to the activity, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the activity. I recognize and acknowledge that I am not an agent or employee of the **Johns Hopkins University** and that I may not and will not represent myself as such, and that I cannot and will not bind or obligate the **Johns Hopkins University** in any way. I further recognize and acknowledge that I am not entitled to make claims under workers' compensation laws as a result of my participation in the activity.

I further understand and agree that this Release is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

## MEDICAL INFORMATION

I hereby certify that I have no health-related reasons or problems that preclude or restrict my participation in \_\_\_\_\_ . I hereby consent to first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the **Johns Hopkins University**.

## NAME OF CONTACT PERSON IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Complete Address: \_\_\_\_\_  
(street)

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(city) (state) (zip)

## SIGNATURES

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; (b) that I am of legal age; and (c) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ PARENTAL SIGNATURE \_\_\_\_\_