JOHNS HOPKINS UNIVERSITY
ACKNOWLEDGEMENT OF RISK AND RELEASE AGREEMENT

I want to participate in the following voluntary and optional activity _____[Insert activity name/description] (the "Activity"), taking place on _____[Insert Date].

I understand that I am not required to participate in the Activity. My participation in the Activity is entirely voluntary.

I understand that my presence at and participation in the Activity involves risks and dangers, both known and unknown, including without limitation risk of personal injury, illness, death, or property damage. Additionally, this Activity may involve, without limitation, the following activities/risks:_____

I knowingly and voluntarily assume all risks, both known and unknown, associated with this Activity and any related consequences. I certify that I have no medical or other conditions that preclude my participation in this Activity or that may make my participation dangerous or harmful to me or others.

In consideration for permission to participate in the Activity, I agree that neither JHU, nor any of its employees or agents, shall have any responsibility for any cost, loss, injury, or damage that I incur or suffer in connection with my participation (including, but not limited to, any personal injury, illness, death, or property damage), and I hereby expressly waive and release all rights, claims, causes of action, and the like of any nature whatsoever which I or my heirs or legal representatives may have against JHU or any of its employees or agents in connection with my participation in the Activity, except to the extent directly caused by JHU's negligence, gross negligence or willful misconduct.

This agreement will be construed in accordance with the laws of the State of Maryland without regard to its conflict of laws principles. If any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect.

I certify that I am over 18 years of age, or if I am under the age of 18 years, I certify that I have the permission of my parent or legal guardian to participate in this Activity, indicated by his or her signature below.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND VOLUNTARILY AGREE TO THE TERMS OF THIS AGREEMENT AND THAT I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

_____ _____

Participant's Full Name Signature

_____

Date

To be completed if Participant is under 18 years of age:

_____ _____

Parent/Legal Guardian's Full Name Signature

_____

Date