ACKNOWLEDGEMENT OF PERSONAL RESPONSIBILITY:
SPORT CLUBS

I want to participate in _______________________________________. (PLEASE PRINT SPORT CLUB LEGIBLY)

I know that participating in JHU Sport Clubs is a rough and dangerous activity and that all types of bodily injury and disability are a risk of participating in JHU Sport Clubs.

I understand that The Johns Hopkins University assumes no responsibility or liability for anything that happens to me while I am participating in JHU Sport Clubs, and I agree to assume all the risks of participating in JHU Sport Clubs.

Further, I am responsible for providing my own equipment and for assuring the safety of that equipment, notifying the appropriate personnel if the facility is not suitable, and I am responsible for my physical condition and conditioning. I know I am responsible for any medical expenses incurred by me as a result of participating in JHU Sport Clubs.

In addition, in order to participate in JHU Sport Clubs, I agree to release The Johns Hopkins University, its officers, agents, and employees, from any and all liability or causes of action whatsoever arising out of any damage, loss or injury as a result of my participation in JHU Sport Clubs, whether such damage, loss or injury results from the negligence of the University or its officers, agents or employees, or some other cause, and I agree to indemnify and hold harmless the University and its officers, agents and employees from any such liability, claims, demands or causes of action.

This Agreement shall be governed by the laws of the State of Maryland without giving effect to any choice or conflict of law principles of any jurisdiction. This Agreement shall be construed as if drafted jointly by the parties and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provision in this Agreement.

My signature below acknowledges that I have read, understand, and agree to the terms as stated above.

______________________________ _________________  
Print Name of Participant (Legibly)       Date

______________________________ _________________  
Signature (applicant)       Date

______________________________ _________________  
Signature (parent/guardian, if applicant is under legal age)  

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