



ACCEPTANCE OF RISK

As a participant in the Johns Hopkins Alumni Association _____ (Activity) I recognize and acknowledge that there are certain risks of physical injury, which may arise from accidents or other causes. I have no physical condition which would present a risk of injury to me through my participation in the activity. Notwithstanding any instruction or consultation by Johns Hopkins University or the Johns Hopkins Alumni Association, I agree to assume responsibility for any such injuries, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with the Activity except to the extent caused by the sole negligence of Johns Hopkins University or the Johns Hopkins Alumni Association.

I hereby release, waive, and discharge Johns Hopkins University, the Johns Hopkins Alumni Association and each of their respective trustees, officers, agents, or employees (collectively, the "Released Parties") from any and all liability, claims, damages, and losses arising out of any loss, damage, or injury that may be proximately caused by me in connection with the activity, except to the extent caused by the sole negligence of the Released Parties. It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs, and assigns. This agreement shall be construed in accordance with the laws of the State of Maryland. I further agree that participation in any activity will be at my own discretion and judgment. I also understand that Johns Hopkins University and the Johns Hopkins Alumni Association do not provide health, accident, or liability insurance to me. I am 18 years of age or older. I have read and fully understand the above Acceptance of Risk and I voluntarily sign this Agreement.

Participant Signature

Date

Printed Name of Participant

If under 18 years of age:

Parent or Guardian Signature

Date