RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

I am the parent or legal guardian of ________________________, who is under eighteen (18) years of age. In consideration of my child being permitted by The Johns Hopkins University (the “University”) to participate in the CSC Student Group Program, namely, Splash at JHU on February 25, 2017 and related activities (collectively, the “Program”), at The Johns Hopkins University. I sign this Release of Liability, Assumption of Risk, and Indemnification Agreement (this “Agreement”) on my child’s behalf.

I understand that my child’s participation in the Program may involve risk to my child including, but not limited to, possible risk of illness, injury, death, and property loss or damage. Despite these risks, I want my child to participate in the Program, and I voluntarily assume these risks. I understand that my child is in no way required by the University to participate in the Program and that my child’s participation is completely voluntary.

I represent and warrant that my child is in good physical condition and has no physical, health related or other problems which would preclude or restrict his or her participation in the Program or otherwise render his or her participation dangerous or harmful to himself or herself or others in the Program.

I grant the University permission to authorize emergency medical treatment, first aid, or transportation to a hospital (collectively “Medical Treatment”) as a result of my child’s illness or injury when participating in the Program. I understand that the University assumes no responsibility for any Claims (as defined below) arising out of or in connection with Medical Treatment and will not be responsible for any associated costs.

I hereby voluntarily release and forever discharge, waive and relinquish for myself and my heirs, executors, administrators, successors, and assigns, and my child and my child’s personal representatives, the University and its trustees, employees, agents, and representatives (collectively, the “Releasees”) from any and all claims, causes of actions, suits, costs, expenses, losses, liabilities, and damages, whether for personal injury, illness or death, or property loss or damage, or otherwise (collectively, “Claims”) arising out of or in connection with my child’s participation in the Program or Medical Treatment, except to the extent such Claims result from the gross negligence or willful misconduct of the Releasees. I further agree to indemnify and hold harmless the Releasees from any third-party Claims (including reasonable attorneys’ fees) caused by my child’s negligence or willful misconduct.

I agree that this Release is to be construed in accordance with the laws of the State of Maryland. I agree that if any clause or provision of this Agreement is held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement which shall continue to be enforceable.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT IT MEANS I AM GIVING UP, AMONG OTHER THINGS, RIGHTS TO SUED THE UNIVERSITY FOR INJURIES, LOSSES OR DAMAGES THAT I OR MY CHILD MAY INCUR.

Parent/Guardian’s Full Name (Please Print) ____________________________________________

Parent/Guardian’s Telephone Number(s) ____________________________________________

Parent/Guardian’s Signature ________________________________________________________

Date ____________________________________________________________________________