

# JOHNS HOPKINS UNIVERSITY EXPERIENTIAL EDUCATION PROGRAM SEA KAYAKING RELEASE FORM

The enclosed information on the Experiential Education Health Form is a complete and accurate statement of the physical and psychological factors that may affect my participation in any event operated by the Johns Hopkins Experiential Education Program. I realize that the failure to disclose such information could result in harm to fellow participants and me. I agree to notify the Experiential Education Program should there be any change in my health status prior to participating in any event. I agree to indemnify and forever hold harmless the Johns Hopkins University and its trustees, officers, faculty, staff, and affiliates from and against any and all claims, liabilities, and causes of action, whether foreseeable or unforeseeable, which may at any time arise out of or relate in any manner, directly or indirectly, to my: (i) negligent acts or omissions; (ii) participation in any event operated by Experiential Education Program; or (iii) failure to disclose any relevant health information.

I want to go on a sea kayaking trip led by the Johns Hopkins University's Experiential Education Program. I acknowledge that going on this trip and participating in the activities sponsored by the Experiential Education Program will require some skill, training and equipment for which I am solely responsible, and I know that all types of bodily injury and disability are a risk to participating in these activities. I know that the Johns Hopkins University assumes no responsibility or liability for my participation on this trip, and I agree to assume all the risks of participating on a sea kayaking trip. Further, use of the equipment available for check out is at my own risk. I accept my responsibility for my own physical condition and conditioning. I know I am responsible for any medical expenses incurred by me as a result of participating in this trip.

I understand that during my participation in a sea kayaking trip with Johns Hopkins Experiential Education Program, I will be exposed to above normal risks of serious personal injury or death. These risks include, but are not limited to: drowning, slippery rocks, cold temperatures, extreme or inclement weather, strong currents, tides, capsizing boats, boat traffic, unknown water hazards, unknown bottom hazards, and the actions of other participants. The program has taken precautions to prevent these situations from occurring, including providing equipment and qualified instructors for each program, but it is impossible to guarantee absolute safety. I share the responsibility for safety on the program, and I assume that responsibility, as well as agree to comply with the instructions and directions of the Experiential Education staff members during the program.

In consideration for the Experiential Education Program permitting me to go on this trip, 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, injury or death as a result of going on this trip whether such damage, loss, injury or death results from the negligence of the University or its officers, agents or employees, or some other cause, and 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.

Signature

Printed Name

Date

Parent or Guardian Signature

Printed Name

Date

\*For a participant under the age of 18 at the start of the course\*

Please return this form with your health form to the address below.  
Without a signed waiver you will not be able to participant. Thank you!

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