

ACKNOWLEDGEMENT OF PERSONAL RESPONSIBILITY: BACKPACKING AND HIKING

I want to go on a backpacking/hiking 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 backpacking/hiking 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 backpacking/hiking trip with Johns Hopkins Experiential Education Program, I will be exposed to above normal risk of serious personal injury or death. These risks include, but are not limited to: falling and breaking my arm, hypothermia, back injury due to the weight of the backpack and becoming lost and starving to death. 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.

Participant Signature

Printed Name

Date

Parent or Guardian Signature
(For participant under age of 18)

Printed Name

Date

Please return this form with your health form to the address below.
We cannot approve you for participation without it. Thank You!

Office of Recreation
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