

## ACKNOWLEDGEMENT OF PERSONAL RESPONSIBILITY

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 a Johns Hopkins Experiential Education Program. I realize that the failure to disclose such information could result in harm to fellow participants and me, and I agree to indemnify and hold the Johns Hopkins University and its agents harmless if all relevant information is not disclosed. I also agree to notify the Experiential Education Program should there be any change in my health status prior to my program start.

I understand that during my participation in a Johns Hopkins Experiential Education Program, I will be exposed to risks above normal and that although the program has taken precautions to provide equipment and qualified instructors for each program, 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.

\_\_\_\_\_  
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  
Experiential Education  
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