

Applied Physics Laboratory

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Participation Agreement¹

Name: _____
Address: _____
Telephone No: _____
E-mail Address: _____
Activity: Use of Exercise Equipment
Location of Activity: JHU/APL Bldg 17-N174, Bldg. 200-W277, MP6-N108
Date: _____

I am participating voluntarily in an athletic activity sponsored by The Johns Hopkins University Applied Physics Laboratory (APL), and I am fully aware this activity involves inherent risks of serious injury, death or damage to property. By participating, I expressly assume any and all risks of injury or loss. Further, I agree to indemnify and hold The Johns Hopkins University, APL, and their officials, directors, employees and agents harmless from and against all claims including attorneys fees and defense costs. This specifically includes claims for any injury, loss or damage suffered during or in connection with this activity whether or not such claim, injury or loss resulted, directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents of The Johns Hopkins University or APL.

X _____
Signature of Participant Date: _____

¹ To be completed by non-employees of APL prior to use of Exercise Facility, RM 17-N174.