



## Waiver and Release of Liability

I, \_\_\_\_\_, am participating in the trip to

\_\_\_\_\_ on \_\_\_\_\_.

I understand that there are a wide variety of risks associated with travel to and from, and participation in, this event, including but not limited to serious injury and death. I represent that I am covered throughout the program by a policy of comprehensive health and accident insurance which provides coverage for illnesses or injuries I may sustain as a result of my participation in this event. I release The Peabody Institute and The Johns Hopkins University, its representatives, agents, faculty and employees from any responsibility and liability for my injuries, illness, medical bills, charges, or similar expenses.

I also agree to release and hold harmless The Peabody Institute and The Johns Hopkins University, its representatives, agents, faculty and employees from any and all liability and damages or losses I may suffer to my person or my property or both, which arise out of or occur during my participation in this event, except if the danger or losses are caused by the gross negligence or willful misconduct of University agents or employees.

I agree that this Release is to be constructed in accordance with the laws of the State of Maryland, and that if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect. I acknowledge that I have read this entire document and that in exchange for the University's agreement to my participation in this program, I agree to its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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### EMERGENCY CONTACT

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relation to student: \_\_\_\_\_

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\_\_\_\_\_  
(Signature of parent or legal guardian if student is under age 18)

\_\_\_\_\_  
Printed name