

Consent Form Template for Field Trip (if participant is under 18 years old)
PERMISSION, LIABILITY WAIVER AND EMERGENCY CONTACT FORM

TITLE OF EVENT:

DATE AND LOCATION:

DESTINATION:

METHOD OF TRANSPORTATION:

PURPOSE OF TRIP:

TIME OF DEPARTURE/RETURN:

SPECIAL MEDICAL NEEDS (INCLUDING ILLNESSES, MEDICATIONS AND/OR ALLERGIES):

Indemnification: In consideration of being permitted by (Insert Program Name) and the Johns Hopkins University (JHU) to participate in the activities and functions of the event, the UNDERSIGNED AGREE TO **HOLD HARMLESS, RELEASE, DEFEND, AND INDEMNIFY** JHU and any of their affiliated organizations, subsidiaries, insurers, officers, trustees, directors, shareholders, employees, agents and volunteers (each hereinafter “RELEASED PARTIES”) from any and all liability, lawsuit, cost, expense, or claim of any type whatsoever arising from injury or death to persons or damage to property arising from my participation in the activities, **including those injuries and damages caused by any RELEASED PARTIES alleged or actual NEGLIGENCE OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY.**

Food/Allergies: We are aware that certain foods will be provided on this trip and that it is the responsibility of our child/guardian to ask about ingredients in all food he chooses to ingest.

Promotional Use: We irrevocably grant the JHU affiliated program, without any compensation being due to us, the right of publicity (including but not limited to print, radio, television, and web promotions), resale and the right to own, copyright and use any representation of us (with or without captions or credit), audio and/or visual, in any medium (including film, videotape and/or still photographs) while attending and or participating in the aforementioned activity.

We authorize any RELEASED PARTIES and/or their authorized personnel to call for medical care for the participant or to transport the participant to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. We further agree that upon transport to any such medical facility, JHU will have no further responsibility and will not be responsible for any costs associated with treatment received by the participant.

WE HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, UNDERSTAND ITS CONTENTS, AND ARE AWARE THAT WE ARE RELEASING CERTAIN LEGAL RIGHTS THAT I AND/OR MY MINOR CHILD MAY HAVE.

Printed name of participant/minor

Signature of participant/minor

Date

Printed Name of parent/guardian

Signature of parent/guardian

Date

Print Emergency Contact Name

Emergency Contact Email

Phone Number

Address

City, State, ZIP