Healthy@Hopkins Walk
Registration Form 2015

Name ________________________________________________________________

Daytime Phone # ___________________ Email ________________________________

Affiliation          Homewood       Eastern      JHH Downtown      Bayview      Keswick
Mt Washington        Other (NIH, Broadway Services, etc…)

Acknowledgment of Risk
Waiver/Release

I have enrolled in a program of physical activity including but not limited to: Muscle Toning and Conditioning, Cardio Fusion, Zumba, Yoga, and Meditation classes offered by the Johns Hopkins University Office of Benefits. I hereby affirm that I am in good physical condition and do not suffer disability which would prevent or limit my participation in the above named program.

In consideration of my participation in the group wellness classes offered by the Johns Hopkins University Office of Benefits, I for myself, my heirs and assigns, hereby release the Johns Hopkins University, its officers, agents, employees and instructors (independent contractors) from any claims, demands, and causes of action arising from my participation in the program named above.

I fully understand that I may injure myself as a result of my participation in the Johns Hopkins University group wellness classes, and I hereby release the Johns Hopkins University and its employees and group wellness instructors (independent contractors) from any joint sprains, broken bones, shin splints, heat exhaustion, foot/knee/lower back injuries and any other illness, soreness, or injury however caused occurring during or after my participation in the wellness programs.

I hereby affirm that I have read and fully understand the above.

________________________________________
Name   (printed)

________________________________________
Signature _______________________________ Date ____________________________

Bring this completed form with you to the Healthy@Hopkins Walk.