

**Applied Physics Laboratory**

11100 Johns Hopkins Road  
Laurel MD 20723-6099  
240-228-5000 / Washington  
443-778-5000 / Baltimore

**Participation Agreement<sup>1</sup>**

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

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Activity: APL Gun Club Meetings and Shooting Events

Location of Activity: JHU/APL and AGC Range

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Affiliation of Participant with The Johns Hopkins University Applied Physics Laboratory<sup>2</sup>

\_\_\_\_\_

I am participating voluntarily in a recreational activity sponsored by The Johns Hopkins University Applied Physics Laboratory (APL), and I am fully aware that sports, exercise, and other recreational activities involve inherent risk 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 a sports, exercise or recreational event, 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 (Parent/Guardian, if participant is under 18 years of age)

Date: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> To be completed by non-employees of APL prior to participation in athletics, exercise or recreational activities of APL.

<sup>2</sup> For example: spouse, dependent, or invitee of JHU/APL staff member. Please include staff member's name.