



Six Flags Release Form

WHEREAS, I am currently a student in the undergraduate physics program at The Johns Hopkins University ("University"), enrolled in Classical Mechanics Laboratory - AS.173.115, and I am interested in participating in a voluntary class activity to obtain measurements of acceleration, rotation, and other forces experienced while riding on an amusement park ride. I have been informed that the experiment will involve a trip to Six Flags (Baltimore/Washington DC) Amusement Park where participants will record sensor data with personal smart-phones while riding amusement park rides.

I understand that participation in the activity is voluntary and is not a course requirement, and that neither participation nor non-participation will affect my course grade or course evaluation. I have not been given any promise or inducement to encourage my participation. I recognize and acknowledge that I am at risk for physical injury, illness, accident, disability, death, damage to personal property, monetary loss, or other contingencies as a result of participating in the above described and related activities. I hereby voluntarily assume all of the foregoing risks, the results and consequences thereof, and understand that the University assumes no responsibility or liability for or in connection with the foregoing. I represent and warrant that I am in good physical condition and that I have no physical, health related or other problems which would preclude or restrict my participation in the above described and related activities or otherwise render my participation dangerous or harmful to me or others.

I understand that if I experience discomfort, dizziness, or nausea after riding the amusements, I do not have to continue in the experiment and will advise the course instructor of any discomfort. I acknowledge that the University has no control, management, or oversight over the operation of the amusement park or the park rides.

In consideration for my ability to participate in the above described and related activities, for myself, my heirs, executors, assigns, successors, and administrators, I hereby voluntarily waive and release forever, any and all rights for claims and damages I may have against The Johns Hopkins University, its trustees, officers, employees, and agents, including the faculty and staff member supervisors, in any manner due to any claim, demand, action, or right of whatever kind including without limitation those arising from any personal injury, wrongful death, or property loss sustained by me as a result of my participation in this measurement of acceleration, rotation, and other forces occurring while riding on amusement park rides at Six Flags Amusement Park, including any other activities I may engage in during my visit to Six Flags and transportation to and from the Park. This release also applies to the university faculty and staff members who are supervising this study.

I agree to follow the standards established for the conduct of the participants in this experiment, and to abide by the instructions from faculty and staff supervisors on this trip.

I agree that this release is to be construed 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 agree that any dispute about this agreement or claim I or my heirs, executors, administrators, successors or assigns might make will be brought in the state or federal courts of Maryland. I agree that in the event that any clause or provision of this agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this agreement which shall continue to be enforceable.

I represent and certify that I am over 18 years of age, or if I am under the age of 18 years, I represent and certify that I have the permission of my parent or legal guardian to participate in the above described and related activities, and that he or she has full knowledge thereof and has indicated his or her agreement by signing below.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND VOLUNTARILY AGREE TO THE TERMS OF THIS AGREEMENT AND THAT I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Student Name (print)

Student Signature

Date

Name of Parent/Legal Guardian if Student is Under Age 18 (print)

Signature of Parent/Legal Guardian if Student is Under Age 18 (print)

Date