RELEASE OF LIABILITY STUDENT TRAVEL VANDERBILT UNIVERSITY

I, the undersigned, desire to voluntarily partic	•	
(hereinafter "activity"). I represent that I am knowledgeable of this activity and the risks of personal injury or property damage to myself and to others which may be associated with the activity. Notwithstanding these risks, I wish to assume them by voluntarily participating in this activity and in any		
I understand and agree that Vanderbilt University accepts no responsibility for my acts or the acts of others while I am participating in and traveling in connection with this activity.		
In consideration of Vanderbilt University offer activity, the receipt and sufficiency of said correlease, relieve, discharge and hold harmless representatives, and volunteer leaders design claim of liability, whether for personal injury, connection with my participation in this activity	nsideration being hereby Vanderbilt University, its nated by Vanderbilt Unive property damage, or othe	acknowledged, I hereby do officers, trustees, employees, rsity, from any and all liability or erwise, arising out of or in
By signing below, I acknowledge that I have re	ead and understand the R	delease of Liability.
TRAVELER:		Date
Print Name	Signature	
WITNESS:		Date
Print Name	Signature	
EMERGENCY CONTACT 1:		
Print Name	Pnone	Number
EMERGENCY CONTACT 2:		

Phone Number

Print Name