RELEASE OF LIABILITY STUDENT TRAVEL **VANDERBILT UNIVERSITY**

	I, the undersigned, desire to voluntarily participate in the following activity: (hereinafter "activity"). I represent that I am			
	knowledgeable of this activity a	nowledgeable 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 travel associated with this activity. 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.			
	participate in this activity, the reacknowledged, I hereby do releated its officers, trustees, employees, University, from any and all liable damage, or otherwise, arising our any travel associated with this are By signing below, I acknowledged	ge that I have read and understand the Relection . The Item of Item o	n being hereby Vanderbilt University, signated by Vanderbilt sonal injury, property on in this activity and ease of Liability.	
TRAVELER	Print name	Signature	DATE	
WITNESS			DATE	
	Print name	Signature	DATE	
PARENT(S)	LEGAL GUARDIAN			
	Didden	- Cinn Ann	DATE	
	Print name	Signature		
			DATE	
	Print name	Signature		

Signature

DATE__

FINANCIAL ADVISOR Print name