RELEASE AND WAIVER OF LIABILITY

The Vital Choice Project Student Trip to Washington, D.C. July 23rd - 25th, 2026

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

ACKNOWLEDGMENT OF RISK

I acknowledge that my participation in The Vital Choice Project's trip to Washington, D.C. involves inherent risks, including but not limited to: travel-related accidents, injury, illness, or other unforeseen events. I voluntarily assume all such risks associated with my participation.

VOLUNTARY PARTICIPATION

I understand that my participation in this trip is entirely voluntary. I have chosen to participate of my own free will and have not been coerced or pressured in any way. I certify that I am 18 years of age or older.

RELEASE OF LIABILITY

In consideration for being permitted to participate in this trip, I hereby release and hold harmless The Vital Choice Project, its officers, directors, employees, agents, and representatives from any and all claims, demands, or causes of action arising from my participation in this trip, including but not limited to claims arising from ordinary negligence. I agree that neither The Vital Choice Project nor any of the parties listed above shall be liable for any injuries, damages, or losses I may sustain while participating in this trip.

ASSUMPTION OF ALL RISKS

I assume full responsibility for any injury, death, or property damage that may occur during my participation in this trip. This includes, but is not limited to, risks related to travel, accommodations, meals, activities, and any other aspect of the trip. I understand that The Vital Choice Project does not maintain comprehensive travel insurance and that I am responsible for obtaining my own insurance if desired.

ACKNOWLEDGMENTS AND AGREEMENTS

I have read this release in its entirety, I understand its terms, and I sign it voluntarily. I understand that this is a legal document that affects my rights. I have had the opportunity to ask questions and to consult with an attorney if I wish. I acknowledge that no representative of The Vital Choice Project has made any representations or promises regarding the safety or risks of this trip beyond what is contained in this document.

PARTICIPANT INFORMATION

Name (Print)	
Date of Birth	
Email	
Phone	

I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE CAREFULLY AND UNDERSTAND AND AGREE TO ITS TERMS.

Participant Signature	Date