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Dear [RECIPIENT NAME]:

For the purpose of assisting you, [INTERN NAME] (the “Intern”), to obtain academic experience and specialized training, Northeastern University (the “University”) has agreed to offer you a paid internship (the “Internship”) with Northeastern University's [INSERT NAME OF UNIT/ DEPARTMENT, SUPERVISOR]. You must accept the University's offer on the terms set out in this Agreement (the “Agreement”).

The Internship is a [FULL-TIME/ PART-TIME] position, to commence on [DATE] and end on [DATE]. Your compensation will be [AN ANNUAL/ A TOTAL] stipend in the amount of $[AMOUNT], paid semi-monthly at a gross rate of $[AMOUNT]. You will complete the Internship under the direct supervision of [SUPERVISOR NAME].

During the Internship, you will [DESCRIPTION OF INTERNSHIP].

The Internship is for your express, educational benefit. You will perform the Internship under the supervision of University faculty and staff. You are not entitled to employment with the University at the conclusion of the Internship.

While performing the Internship, you acknowledge your obligation to:

* perform all work allocated to you to the best of your ability;
* comply with all lawful and reasonable directions and instructions given to you by employees of the University during the course of the Internship;
* comply with any and all University policies and procedures that apply, or may apply, to you during the course of the Internship; and
* undergo any and all training, including lab safety awareness training, that the University deems necessary to enable you to safely and efficiently perform your duties during the Internship.

At all times, including after the Internship, you agree and acknowledge that:

* you will keep confidential any and all Confidential Information of the University that comes into your possession;
* any intellectual property you may develop while performing Internship duties are hereby assigned to and vest in the University immediately as created; and
* the University owns and retains all rights at all times to the University’s intellectual property.

Additionally, you accept that the Internship may be terminated prior to the end date at the sole discretion of the University. This Agreement constitutes the entire agreement of the parties with respect to the Internship.

If you have any questions about the terms of the Internship outlined above, please contact [SUPERVISOR NAME AND PHONE].

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[NAME]

[TITLE]

 Northeastern University

 Consent to Participate & Release of Liability

PARTICIPANT’S NAME: AGE: STREET ADDRESS: \_ CITY: STATE: ZIP: ACTIVITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATES OF ACTIVITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned (or parent/guardian, if Participant is under the age of 18) understands that this is a legally- binding Release of Northeastern University.

I/We request permission to participate in the Activity. In consideration of being granted this permission, I/We agree as follows:

1. Voluntary Activity. I/We understand and agree that participation in this Activity is purely voluntary and is not required by Northeastern University.

2. Acknowledgment of Risk. I/We recognize and appreciate the dangers, hazards, and risks of the Activity which could include serious or even mortal injuries and property damage. I/We attest that I/we have fully considered the risks and hazards, and I/we agree that I have individually assumed the risks involved in this Activity.

3. Laboratory Risk. I/We understand that working in active research laboratories poses potential risks of harm; these risks may include damage to property, serious personal injury including chemical burns, and even death. I agree to abide by all applicable policies, rules and regulations. I agree to follow the direction of the lab personnel. I agree that if granted, my approval to work in the labs may be withdrawn at any time at the sole discretion of Northeastern University.

4. Fitness to Participate. I/We hereby represent that I am physically and mentally able to participate in the above referenced Activity and have no health problems which would present a risk to me, or others, in participating in this Activity. I certify the participant has been seen by a healthcare provider within the last year.

5. Compliance with Rules. I/We also understand that I will be obliged to abide by the rules of Northeastern University, as well as any rules of conduct promulgated by the sites I visit as a part of my participation in this Activity, and that the rules of conduct promulgated by the sites and facilities will apply in addition to Northeastern University’s rules. I/We understand that if I fail to follow all applicable rules that Northeastern University shall have the right to terminate my visitation privileges immediately and that further actions will be taken if necessary.

6. Emergency Medical Treatment. I/We understand and agree that Releasees are granted permission to transport the participant to and to authorize emergency medical treatment, if necessary and that such action shall be subject to the terms of this agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of, or in connection with such authorized emergency medical treatment.

7. Insurance. I/We represent that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury. I/We guarantee payment of all expenses incurred for transportation of participant to and receiving emergency medical treatment.

I/We, on behalf of myself/the Participant, the family heirs, personal representatives, guardians, successors, and assigns (all of whom are referred to as "Releasors"), hereby release Northeastern University, its Administrators, Faculty, Trustees, Officers, Directors, Employees, Volunteers, and Agents (all of whom are referred to as "Releasees") from, and agree not to sue Releasees, for any claims that I/we may have arising from, or in connection with, any physical, emotional or mental injury or property damage that Releasors may suffer as a result of my participation in the Activity from any cause whatsoever, to the extent permitted by law.

In consideration of participation in the Activity, I/we further hereby agree and grant permission for Northeastern University and/or its designees to record, film, photograph, audiotape, videotape, interview and/or publicly exhibit, display, distribute and/or publish my likeness, appearance and or spoken words in any form and for any purpose worldwide to perpetuity and without compensation.

 THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING.

I/We acknowledge that I/we have carefully read this agreement and fully understand its contents. I/We acknowledge that I/we am/are voluntarily executing this agreement of my/our own free will. After having the opportunity to consult with legal counsel of my/our own choosing, I/we acknowledge and understand that this agreement will release the Northeastern University and its Releasees from any liability in connection with any injury or damages or losses suffered as a result of the Participant's participation in the above referenced Activity. It is my/our express intent that this release shall bind the members of Participant's family, estate, heirs, administrators, personal representatives, or assigns.

I further state that I am the Participant's parent / guardian, and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the participant, and for the participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by same.

Parent/Guardian Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Participant is 18 years of age or older, or will turn 18 during the Activity, Participant should sign below.

Participant’s Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_