

Click here to enter today’s date

Dear enter name.

Northeastern University is pleased to offer you an educational internship opportunity with the enter department name. The internship is a full or part time. Position commencing on Click here to enter start date. ending on Click here to enter an end date. You will perform the internship under the supervision of University faculty and staff. You will be under the direct supervision of enter supervisors name and title.

As this internship is purely academic in nature and for your express, educational benefit only, you will not receive any financial benefits and/or compensation. You will not be an employee of the University as a result of participating in this internship, nor will you be entitled to employment with the University upon its conclusion.

While participating in this internship, you acknowledge that your obligation include the following:

* Performance of all tasks allocated to you, completed to the best of your ability;
* Compliance with all lawful and reasonable directions and instructions given to you by employees of the University;
* Compliance with any and all applicable University policies and procedures; and
* Completion of 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 not disclose confidential information to any third party, nor will you use confidential information other than for its purpose;
* The University owns and retains all rights at all times to the University’s intellectual property. Any intellectual property you may develop while participating in the internship will be assigned to and vest in the University immediately as created.

This internship may be terminated prior to the end date at the sole discretion of the University. Additionally, this document does not serve as an employment contract, but rather it specifies the goals, intent and details of your internship.

This letter constitutes the complete understanding between you and the University with respect to the internship.

If you have any questions about the terms of the Internship outlined above, please contact enter contact name at enter contact phone or email address.

Sincerely,

enter name of sender.

 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. 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.

4. 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.

5. 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.

6. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_