

**Vanderbilt University  
Non-Vanderbilt Interns and  
Observers Statement of Agreement**

**For Faculty:**

I agree to sponsor \_\_\_\_\_ (intern/observer name) for an educational experience within our facility under my direct supervision, or under the direct supervision of the following Designated Supervisor(s): Xenofon Koutsoukos, Akos Ledeczí.

Start Date of Experience: June 3, 2019 End Date: June 7, 2019

Location of Experience Activities: Institute for Software Integrated Systems (1025 16th Avenue South, 37212)

I agree that:

- I have read, understand, and will adhere to the Vanderbilt University policy regarding Non-Vanderbilt Interns and Observers outlined on the Office of the Provost's website.
- The student has or will have completed any required training prior to beginning the experience.
- Personal protective equipment, if needed, will be provided by Vanderbilt.
- My laboratory or studio is in full compliance with all applicable safety regulations.
- Anyone who will be interacting with minors has or will have completed all necessary background clearances, training, and policy compliance prior to the beginning of the experience. ***Additional information and requirements for interns and observers under 18 years of age are outlined on page 3.***

**Xenofon Koutsoukos**

Name of Faculty Sponsor



Signature

4/26/2019

Date

**Dan Fleetwood**

Name of Department Chair

Signature

Date

**For Students:**

I agree to participate in an educational experience as defined by my faculty sponsor, for the dates defined. I agree that:

- I have read, understand, and will adhere to the Vanderbilt University policy regarding Non-Vanderbilt Interns and Observers outlined on the Office of the Provost's website.
- I have or will have completed any required training prior to beginning my experience.
- I have or will provide a copy of my current transcript or a letter from my current institution, as necessary.

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Name of Student

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Signature

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Date

**For The Dean's Office:**

- ☐ All necessary forms, including the (1) Registration Form and (2) Participation Agreement and General Release, have been completed and are attached.
- ☐ A transcript from the student's current institution has been provided (for current undergraduate and graduate students).
- ☐ A letter from the student's guidance counselor or principal has been provided (for current high school students).
- ☐ A letter from the student's principal or superintendent has been provided (for K-12 teachers).
- ☐ **If the student is a minor:** Page 3 of this form has been completed and a copy sent to the Office of Risk Management, Protection of Minors.
- ☐ If the student is a minor, the Participation Agreement and Liability Waiver Section on the Participation Agreement and General Release is complete.

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Dean's Office Representative

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Signature

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Date

**VANDERBILT UNIVERSITY  
INTERNS AND OBSERVERS  
PARTICIPATION AGREEMENT AND GENERAL RELEASE**

Intern/Observer/Participant Information				
Name		Date of Birth		Sex
Parent's/Guardian's Name (if under 18 years of age)		Parent's/Guardian's Name (if under 18 years of age)		
Home Phone ( )	Work/Cell Phone ( )	Home Phone ( )	Work/Cell Phone ( )	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		
Emergency Contacts				
Primary Emergency Contact		Secondary Emergency Contact		
Home Phone ( )	Work/Cell Phone ( )	Home Phone ( )	Work/Cell Phone ( )	
Medical Information and Emergency Treatment Authorization for Participants				
<b>ANYONE REQUIRING IMMEDIATE MEDICAL ATTENTION WILL BE TAKEN TO THE MOST APPROPRIATE MEDICAL FACILITY.</b>				
Primary Care Physician's Name		Phone Number		
Insurance Company		Policy Number		
In the case of an emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment. I acknowledge that any medical treatment will be my financial responsibility and not that of Vanderbilt University.				
Signature				Date
<b>If Participant is a minor:</b> In the event I cannot be reached in the case of an emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment.				
Please list any medical conditions your minor participant has in detail <b>including any medications</b> . Does your child take any medication during school hours? Does your child have any dietary restrictions (including food allergies)?				
Parent's/Guardian's Signature (if Under 18)				Date
PRINT _____ SIGN _____				
General Release, Participation Agreement and Liability Waiver				
I understand that my participation as a Non-Vanderbilt Intern/Observer is voluntary and I may be exposed to some level of risk in this activity. I assume full responsibility for that risk. I agree to release and hold harmless Vanderbilt University (VU) and individuals from liability in case of accident during activities related to this internship or observer experience, as long as normal safety procedures have been taken. If needed, personal protective equipment will be provided. If I am signing for my minor child, I give permission for my child to go on field trips. I grant permission for photos/images of me to be used by VU in any VU publications and any other way the University deems necessary and appropriate to promote its activities and mission.				
Signature				Date
Parent's/Guardian's Printed Name and Signature (if under 18)				Date
PRINT _____ SIGN _____				
<b>Vanderbilt Protection of Minors Provision:</b> Vanderbilt University personnel adhere to Tennessee state law on mandatory child abuse reporting. If you have reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, please consult the Dean's Office or Risk Management (615-936-5935), or report via the Vanderbilt compliance hotline at 844-814-5935. The Tennessee Child Abuse reporting hotline number is 877-237-0004.				