

# Award Acceptance and Personal Data Sheet

Today's Date:

## Student Information

Name:

Email Address:

PID#:

Phone:

Address:

Title of your project:

Would you be interested in writing a blog about your research experience during the summer?

Yes

No

## Faculty Information

Name:

Email Address:

I hereby accept a fellowship to carry out the work as outlined in my proposal. I agree not to make any substantive changes to my project without prior approval from OUR. By signing below, I acknowledge that I (1) am responsible for completing the reporting requirement as described in checklist #1 and #2 and (2) will receive my award in two installments after I have submitted the required materials for each installment.

Name (typed):

Signature:

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
RELEASE AND HOLD HARMLESS AGREEMENT

Summer Undergraduate Research Fellowship (SURF) Program

As part of the consideration for a Summer Undergraduate Research Fellowship, for research involving \_\_\_\_\_, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill, its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while I am conducting my research and/or traveling in connection with my research.

I am fully aware of the risks and hazards associated with this activity, including, if applicable, risks associated with travel. I acknowledge that my participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me as a result of participation in this project.

I acknowledge and understand that I am responsible for making my own travel, transportation and housing arrangements in connection with this project.

I acknowledge and understand that this is an academic program and that UNC-Chapel Hill standards must be observed. I agree that the University and/or the faculty advisor shall have the right to terminate my enrollment in the SURF program for failure to maintain these standards, or for actions or conduct which the University and/or faculty advisor considers detrimental to, or incompatible with, the interests, harmony, comfort or welfare of the program and/or the University as a whole.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my heirs, my assigns, and personal representatives. I acknowledge that I am 18 years old or more.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Seal) Date: \_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
(Seal) Date: \_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Witness



**VIDEO/PHOTOGRAPH RELEASE FORM**

I hereby grant The University of North Carolina at Chapel Hill (the "University") the irrevocable right and permission to use photographs and/or video recordings of me on University and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the University.

I hereby release, acquit and forever discharge the State of North Carolina, the University, its current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

\_\_\_\_\_  
Signature of Individual Photographed/Recorded \_\_\_\_\_  
Date

Printed Name of Individual Photographed/Recorded: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_  
Date

**If individual photographed/recorded is under eighteen (18) years old, the following section must be completed:** I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

\_\_\_\_\_  
Signature of Parent/Guardian of Individual Photographed/Recorded \_\_\_\_\_  
Date

Printed Name of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_  
Date