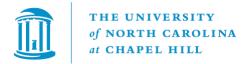
## Award Acceptance and Personal Data Sheet

Today's Date:  Student Information				
Name:				
Email Address:				
PID#:				
Phone:				
Address:				
Title of your project:				
Would you be intereste your research experien	d in writing a blog about ce during the summer?		☐ Yes ☐ No	
Faculty Information				
Name:				
Email Address:				
hereby accept a fellowship to carr ny project without prior approval eporting requirement as described ubmitted the required materials for	from OUR. By signing below d in checklist #1 and #2 and	v, I acknowledge that I (	1) am responsible for co	ompleting the
Name (1	yped):		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 Summ involving	er Unde	ergraduate Research Fellowship, for research
I hereby release, hold harmless, and fore Hill, its employees and agents from any action whatsoever arising out of or relate	and all ed to an y me or	charge The University of North Carolina at Chape liability, claims, demands, actions, and causes of y loss, property damage, or personal injury, to any property belonging to me while I am nection with my research.
risks associated with travel. I acknowled and not required. I voluntarily assume f	dge that ull resp	ated with this activity, including, if applicable, my participation in this activity is elected by me onsibility for any risk of loss, damage, or personal mage that may be sustained by me as a result of
I acknowledge and understand that I am housing arrangements in connection with	_	sible for making my own travel, transportation and roject.
standards must be observed. I agree that right to terminate my enrollment in the S for actions or conduct which the University as a whole.	t the Un SURF p sity and y, comf	, -
I have read and I understand this docume I understand and agree that it is binding representatives. I acknowledge that I an	on mys	
This theday of	, 20	·
Signature of Student	_(Seal)	Date:
Print Name of Student	_	
Signature of Witness	_(Seal)	Date:
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, completed: I have read and I understand this document. I understand an my child (named above), our heirs, assigns and personal representative eighteen (18) years old or more and that I am the parent or guardian of the	d agree that it is binding on me es. I acknowledge that I an	
Signature of Parent/Guardian of Individual Photographed/Recorded	Date	
Printed Name of Parent/Guardian:		
Signature of Witness	Date	