

**University of Pittsburgh
Dietrich School of Arts & Sciences
Research Training Program ("Program")
Learning Agreement and Parental Consent**

Trainee's Name: _____ Parent's Name: _____

Pittsburgh Public School Coordinator's name and title (Please print)

University Department/School

Faculty Mentor's name and title (Please Print)

Campus Address: _____

Phone: _____ FAX _____ Pitt e-mail _____

Describe the responsibilities of the Trainee during this experience, including the hands-on training to be provided.

Describe the Trainee educational goals for this experience. Identify the skills and abilities the Trainee will pursue. Describe how the Trainee's responsibilities complement the Faculty Mentor's and their staff's work by providing a significant educational benefit to the Trainee.

Describe how you will train, mentor, supervise and evaluate the Trainee. How often will this be done?

Describe in detail the culminating academic and education research project (laboratory-based or clinical research experiences as well as other creative activities), including the expected scope and outcomes.

Hours per week 8 specify the start and end dates: **September 1, 202X – May 31, 202X**

Describe the typical week with respect to hours (The Program is designed to accommodate the Trainee's academic commitments and shall be limited to the period in which the internship provides the intern with beneficial learning): **two afternoons per week (4 hours each afternoon)**

1. This Program strives to be similar to training which would be given in an educational environment.
2. The experience is for the benefit of the Trainee and the Trainee is the primary beneficiary of the Program.
3. The Trainee does not displace regular employees, but works under close supervision of existing staff and compliments the employees work.
4. The University derives no immediate advantage from the activities of the trainee; and on occasion its operations may actually be impeded.
5. The Trainee is not entitled to a job at the conclusion of the experience; and
6. The University and the Trainee understand that the Trainee is not entitled to wages for the time spent in the Program.

The Department will ensure that the Program is administered consistent the following guidelines: <http://www.ehs.pitt.edu/assets/docs/restricted-areas.pdf>

CONSENT AND WAIVER

While on the University premises, I will abide by all the policies, rules and regulations of the University of Pittsburgh, including the Student Code of Conduct, available here: <https://www.studentaffairs.pitt.edu/conduct/> and follow the direction of the employee to whom I am assigned.

In consideration for being allowed to participate in Program I release from liability and waive my right to sue the University of Pittsburgh, and its employees, officers, volunteers and agents (collectively "University") from any and all claims, including the University's negligence, resulting in any physical injury, illness (including death), property damage or economic loss that I may suffer because of my participation in this Program, including any travel to and from the Program.

I am voluntarily participating in this Program. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Program. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Program location(s) or facility(ies). Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Program, including travel to and from the Program. I agree to hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this Program, including travel to and from the Program. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I understand and agree that I am not an agent or employee of the University under the terms of this agreement and further understand that I am not entitled to workers' compensation benefits and that I am responsible for the cost of any medical care or other services that may be required as a result of any injury or illness that I may incur while participating in any program in conjunction with this agreement.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the**

University, (c) and assumption of all risks of participating in this Program, including travel to and from the Program. I have read this document, and I am signing it freely.

Signature of Student _____ Date _____

PARENT WAIVER & RELEASE (IF APPLICABLE):

If the student or visitor is under the age of 18, a parent or guardian must sign the following:

I acknowledge that I have read and understand all of the above information and agree that during my child's student experience at the University of Pittsburgh, we accept and will comply with the above requirements.

Parent/Guardian (required for high school students 18 years of age or younger):

Printed Name

Signature

Date _____

Parent/Guardian Contact Information:
(home) _____

(work) _____
(cell) _____

PITTSBURGH PUBLIC SCHOOL OFFICIAL SIGNATURE:

The signature of the high school official below indicates the school's agrees with the student's participation in this Program, and the school official has verified that the student is in good standing.

/Instructor
Printed Name/Title

Signature

Date _____

UNIVERSITY OF PITTSBURGH:

Printed Name

Signature

Date _____

We acknowledge and give _____ permission to leave school at _____
on _____ for the purpose of pursuing his/her scientific
project. Transportation used: _____

Mr./Ms. XXX (Teacher) _____ date

Parent _____ date

Mentor _____ date

Dr. XXX (Principal) _____ date
