



Smithsonian Institution

Office of Fellowships and Internships (OFI)
PARENT/GUARDIAN ACKNOWLEDGEMENT AND RELEASE
FOR INTERNS AGED 17 AND YOUNGER

We are pleased your child/ward has requested an internship at the Smithsonian Institution. In signing this form, you grant

permission for _____, to participate fully in an Internship if selected & on the following terms.
NAME OF MINOR INTERN

You give permission for the Smithsonian to fingerprint and conduct a criminal background check on your child to determine eligibility for an internship and so he/she may receive a Smithsonian identification badge.

Your child's/ward's academic appointment will not entitle him or her to a position at the Smithsonian or the United States or to benefits (e.g., service credit for leave) available to Smithsonian or U.S. employees. If this is an unpaid academic appointment, you waive any and all compensation from the Smithsonian and United States Government for any and all services your child/ward may perform as a Smithsonian intern. The foregoing waiver does not purport to compromise any rights your child/ward may have under the Federal Employee's Compensation Act or the Federal Tort Claims Act.

If a medical emergency arises, the Smithsonian will attempt to contact you or the person designated below. However, if the Smithsonian is unable to contact you immediately, you authorize the Smithsonian or its employees or agents to request and authorize, at your expense, emergency medical treatment.

As specified in the Copyright Agreement section of the internship application, you agree that the Smithsonian will own any work product or other material created or developed by your child/ward in the scope of his or her internship experience, including all copyright or other intellectual property rights as a work made for hire under United States copyright law.

As specified in the SI EEO Rights and Responsibilities section of the internship application, you acknowledge that your child /ward has read and understands the following documents and in consideration of this learning opportunity as an intern at the Smithsonian Institution agrees to abide by the terms and conditions in:

- Diversity and Equal Employment Policy Statement
- Prevention of Workplace Harassment Policy Statement
- Procedures for Requesting Reasonable Accommodation for Individuals with Disabilities
- EEO Complaints Procedures for Individuals Associated with the Smithsonian Institution
- Protection of Minors

Your child/ward may be photographed, videotaped, or otherwise documented while interning. You agree that the Smithsonian may use any such images or recordings for any educational, promotional, archival, or any other standard museum purpose in any media whatsoever.

Agreed to by:

Signature of Parent or Guardian: _____ **Date:** _____

Print Name of Parent/Guardian: _____

Address: _____

Phone: _____ **Email:** _____

Alternative Person to contact in case of emergency: _____

Alternate Person's relationship to child/ward: _____

Alternate Person's Phone Number: _____