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**ATTACHMENT A**

**OREGON HEALTH & SCIENCE UNIVERSITY**

**INDIVIDUAL AGREEMENT**

**TO PARTICIPATE IN**

**A RESEARCH EXPERIENCE**

**AT THE**

***PACIFIC NORTHWEST NATIONAL LABORATORY (PNNL)***

I, PARTICIPANT NAME, (“Participant”) desire to apply to participate in various Research Learning Experiences (“RLEs”) at PNNL***.***  I understand that this agreement does not guarantee placement at PNNL or any of its facilities and is not valid until signed by authorized signatories of OHSU and PNNL.

**Dates of Participation:** From START DATE to END DATE.

**OHSU Principal Investigator:** PI Name & Contact Information

**PNNL Supervisor:** PI Name & Contact Information

**Goals & Objectives:** [PROVIDE A DESCRIPTION OF PLANNED ACTIVITIES AND EXPECTED OUTCOMES HERE]

**PNNL shall:**

1. Provide supervision, facilities, and instruction which help Participant acquire the skills and knowledge needed in their chosen field of study, research or occupation.

2. Designate an individual who shall serve as the “supervisor” for Participant.

3. Provide Participant opportunity to perform a variety of tasks to acquire and practice various skills.

4. Orient the Participant to PNNL’s rules, policies, procedures, methods, operations, and training in PNNL’s facilities. **.**

**Participant’s Agreement:** I acknowledge that I am a visitor at PNNL. I will participate in these RLEs as a volunteer under the direction and supervision of an OHSU approved PNNL designated representative and agree to abide by the following terms and conditions:

1. The purpose of taking part in these RLEs is to study and/or participate as a Postdoctoral Scholar
2. I understand that OHSU, its officers, directors, employees, agents, are not certifying my qualifications, or competency to use any equipment involved in these RLEs.
3. I agree to abide by all OHSU and PNNL policies and procedures, including but not limited to those included in the attached attach any special requirements for this requirement and any proper prophylactic and preventative treatments in the event of any injury at any PNNL site, while I am participating in the RLEs.
4. Without limiting above, I agree that if I am exposed to an infectious or environmental hazard or other occupational injury while at any PNNL site, I will immediately seek medical care for treatment and testing information. I understand I will be responsible for any charges generated for testing or treatment.
5. I understand that PNNL may revoke this permission to participate at any time for any reason without advance notice.
6. I understand and recognize that there are risks and hazards directly or inherently involved in this activity. With full knowledge of the facts and circumstances surrounding this activity, I voluntarily undertake this activity and assume all responsibility and risk from my participation in this activity.
7. I certify that I am aware of no physical and mental condition that would prevent me from safely participating in the RLEs.
8. I am responsible for making all arrangements for my participation in the training, including transportation to PNNL, room, meals and any other services or items I may need. I am solely responsible for these expenses and costs. Host bears no responsibility for making these arrangements or their costs.
9. **Release of Claims.**  I, individually and on behalf of my heirs, executors, administrators, agents, representatives, and insurers, hereby release and discharge OHSU, and its officers, trustees, faculty, employees, agents, and representatives (hereafter “Released Parties”) from any and all claims or liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person and/or property which may arise from my participation in the training and any travel or activities thereto. This release and discharge is intended to include claims or liabilities resulting from any negligent act or omission by the Released Parties. I further release and discharge the Released Parties from responsibility for any accident, illness, injury, or any other consequences arising or resulting directly or indirectly from my participation in the training. I recognize and agree that the Released Parties assume no responsibility for any liability, damage, or injury that may be caused by my negligence or willful acts committed prior to, during, or after participation in the training, or for any liability, damage, or injury caused by the intentional or negligent acts or omissions of any other participant in the training, or caused by any other person.
10. **Governing Law.** All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of Oregon without giving effect to any choice or conflict of law provision or rule (whether of the State of Oregon or any other jurisdiction). Any legal suit, action or proceeding arising out of or relating to this Release, or the transactions contemplated hereby shall be instituted in the federal courts of the United States of America or the courts of the State of Oregon in each case located in the City of Portland and Multnomah County, and I irrevocably submit to the exclusive jurisdiction of such courts in any such suit, action or proceeding. I irrevocably and unconditionally waive any objection to the laying of venue of any suit, action or proceeding in such courts and irrevocably waive and agree not to plead or claim in any such court that any such suit, action or proceeding brought in any such court has been brought in an inconvenient forum.

Participant Printed Name Participant Printed Name and Contact Information

[ ]  Participant Certifies they are over the age of 18

I have carefully read this release and I understand its meaning and effect. I understand that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Participant Signature Date \_\_\_\_\_\_\_\_\_\_\_\_

**Approved By OHSU:**

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|  |  |  |  |  |
| OHSU Principal InvestigatorName, Title, Contact information | Date |  | OHSU Postdoctoral AffairsName, Title, Contact Information | Date |
|  |
| OHSU Department AdministratorName, Title, Contact information |

**Approved By PNNL:**

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| PNNL Department SupervisorName, Title, Contact information | Date |  |