**Illinois State University**

**Visiting Student Researcher Agreement**

This Agreement is to be used ONLY for student researchers who are not affiliated with Illinois State University (“ISU” or “University”) who are granted access to ISU research facilities, information, or other ISU premises that are not typically available to the general public.

|  |
| --- |
| **Visiting Student Researcher Information** |
| ***Visiting Student Researcher Contact information:******Name:*** Click here to enter text.***Home Institution:*** Click here to enter text.***Address:*** Click here to enter text.***Phone:*** Click here to enter text.***E-mail:*** Click here to enter text. | ***PI or Faculty Sponsor Contact Information:*** ***Name:*** Click here to enter text.***Address:*** Click here to enter text.***Phone:*** Click here to enter text.***E-mail:*** Click here to enter text. |

I Click here to enter text., do hereby understand, acknowledge and agree to the following terms and conditions as a Visiting Student Researcher in consideration of being permitted to use Illinois State University facilities and resources to perform research or for the purposes listed above.

1. **Employment Relationship:** I understand that my participation as a Visiting Student Researcher shall not create an employment relationship between the University and myself. I shall receive no compensation for my activities, and I am not entitled to participate in the University’s benefit programs including, but not limited to, workers’ compensation or health insurance.
2. **Hold Harmless and Release of Liability**: I understand and hereby acknowledge that I assume all risks incurred by my visit at ISU. In consideration of being allowed to conduct research at ISU, I hereby release The Board of Trustees of Illinois State University, its officers, agents, employees and assigns from liability from any and all claims arising out of or in any way connected with my visit and research at the University. I understand and agree that:
* The University will not be responsible for the loss of, theft of, or damage to any of my personal property located within or on ISU property.
* ISU expressly disclaims and excludes all warranties concerning ISU equipment or facilities.
* ISU does not guarantee the accuracy of any test results produced using ISU equipment or facilities.
1. **Compliance with Laws**: I agree to comply with all applicable federal and state laws while performing research or other activities at the University.
2. **Intellectual Property:** Asa Visiting Student Researcher,I have reviewed ISU’s [Intellectual Property Policy 4.1.10](http://policy.illinoisstate.edu/academic/4-1-10.shtml) (“IP Policy”) and understand that the IP Policy is applicable to me.
3. **Equipment, Lab Safety & Training**:
	1. I agree to utilize equipment only as necessary and after proper instruction or under supervision of the PI/Faculty Sponsor. I agree it is my responsibility to obtain any and all appropriate safety training (including environmental health or radiation) as necessary to conduct research in any ISU facility. I will notify the PI/Faculty Sponsor in the event I have not had sufficient training to conduct appropriate laboratory procedures.
	2. I understand that the research may involve risks such as exposure to potentially hazardous equipment, chemicals, microbes, infectious organisms, medical waste, pathogens, laboratory animals, radioactive material, and the risks of accidents and injuries. I therefore agree to assume all risks and responsibilities associated in any way with the activities covered under this Agreement.
	3. If during the course of my visit, I bring my own equipment, materials or supplies, ISU shall in no way be held responsible for equipment maintenance or damages resulting from its use in the facility.
4. **Disputes:** The Parties will enter into good faith negotiations to resolve any disputes arising from this Agreement. Resolution will be confirmed by written amendment to this Agreement. If the Parties cannot resolve any dispute amicably through negotiation, either Party may terminate this Agreement.

**Acknowledgment of Understanding:** I have read this Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

|  |  |
| --- | --- |
| **Visitor** Signature Date Name:(Printed)Title: | **Authorized Illinois State University Signature**Signature Date Name: (Printed)Title: |
| **Parent Signature if Visitor is under 18 years of age.**Signature Date Name:(Printed)Title: | **PI / Faculty Sponsor**Signature Date Name:Title: |