



Smithsonian Institution

Office of Fellowships and Internships (OFI)

**PARENT/GUARDIAN ACKNOWLEDGEMENT AND RELEASE  
FOR INTERNS AGED 17 AND YOUNGER**

We are pleased your child has been tentatively selected to serve an intern at the Smithsonian Institution, in the

\_\_\_\_\_

Unit Name

In signing this form, you grant permission for \_\_\_\_\_, whose birthday is on

Name of minor Intern

\_\_\_\_\_ to participate fully in the Smithsonian's Internship if finally selected and on the terms below. You also give permission for the Smithsonian to fingerprint and conduct a criminal background check on your child to determine eligibility for an internship position at the Smithsonian and so he or she may receive a Smithsonian identification badge.

You agree that communication regarding the internship should be between Smithsonian staff and your child. You agree that the Smithsonian will own any work product or other material created or developed by your child in the scope of his or her internship duties, including all copyright or other intellectual property rights as a work made for hire under United States copyright law.

Your child'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 United States 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 may perform as a Smithsonian academic appointment. The foregoing waiver does not purport to compromise any rights your child may have under the Federal Employee's Compensation Act, the Federal Tort Claims Act, or the Volunteer Protection Act of 1997.

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.

Your child 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:** \_\_\_\_\_