**Trainee Agreement and Waiver**

|  |  |
| --- | --- |
| Trainee’s Name |  |
| Address |  |
| City/State/Zip |  |
| Date |  |

**Please complete all of the grey fields.**

The University of Colorado welcomes you as a trainee in the Enter department information (include address and room number) at the University of Colorado.

The scope of your trainee activities include: describe trainee activity OR attach a written activity description.

As a CU trainee, you [ ]  will [ ]  will not have to undergo a background check and, if applicable, you agree to cooperate with the process and provide information, as requested.

This invitation will extend for dates and times they will be a trainee.

You will work under the direct supervision of insert name, title and contact information.

You will be required to have the following trainings and follow the location specific safety requirements. Identify and list appropriate training, e.g. FERPA, HIPAA, BBP, hazardous chemicals, personal protective equipment, IT security.

As a trainee you are not an employee or contractor as determined by FLSA 29 CFR §553.103 and will not be compensated monetarily for your activities. The Colorado Workers’ Compensation Act may apply to participants in on-the-job training activities.

Trainee Emergency Contact Information

Emergency contact names and phone numbers

Trainee's medical insurance and policy number

Please read through the following important information.

I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado. I understand all associated risks of the designated activity. These risks include, but are not limited to:

***Please include risks specific to the trainee’s activities*:**

|  |
| --- |
|  |

The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado.

I hereby certify that I have read and understand the provisions above.

|  |  |
| --- | --- |
| Trainee Signature | Date |
|  |  |
| Approved By Name/Department | Date |

**University of Colorado Trainee Confidential Disclosure Agreement**

I understand that my access to the University of Colorado facilities may be limited in the sole discretion of the enter department personnel.

In the course of this trainee experience, I understand I may have access to certain data and information that is considered confidential, including, but not limited to, information about the enter department and University of Colorado activities, patients, personnel, students, and financial or business practices.

I agree that any and all data and information that I may receive or otherwise discover during the trainee activity is considered "confidential information". I agree that I will not disclose or discuss any confidential information with any third parties while I am a trainee or at any time after my experience is completed. I agree that I will keep such data and information confidential and will comply with all laws and regulations concerning the confidentiality of such records to the same extent as such laws and regulations apply to the University of Colorado, including but not limited to applicable provisions of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 (“HIPAA”) and the requirements of any regulations promulgated thereunder including without limitation the federal privacy standards as contained in 45 C.F.R. Parts 160 and 164 (the “Federal Privacy Standards”) and the federal security standards as contained in 45 C.F.R. Parts 160, 162 and 164 (the “Federal Security Standards”). I further agree that after my trainee activity is completed, I will return to enter department any and all documents and copies that I have in my possession that contain confidential information.

I hereby certify that I have read and understand the provisions above.

|  |  |
| --- | --- |
|  |  |
| Trainee Signature | Date |

**University of Colorado Photo Release Form**

I hereby grant the University of Colorado Denver unrestricted permission to use and re-use photographic portraits, editorials, video, digital or film images, or any pictures taken of myself, or my child, individually or in conjunction with other photographs, in any printed or videographic matter, in any and all media, and for any purpose allowed by law. This includes, but is not limited to, illustration, promotion, art, editorial, advertising and trade.

I hereby waive any right to inspect or approve the finished product or products that may be used in connection with the abovementioned images.

I hereby release the Regents of the University of Colorado, the University of Colorado, their legal representatives, and all people acting under their permission or authority, from any liability in connection with the use of the images as outlined above.

I understand that the photographs taken by the staff or their designers of the University of Colorado will be included in the department files. I agree the images, the transparencies of the images, and the copyright privileges of the images shall be the sole property of the University of Colorado.

I hereby affirm that I am of full age and, if appropriate, have every right to complete this contract in my own or my child’s name. I state further that I have read and fully understand the above authorization, release and agreement.

I hereby certify that I have read and understand the provisions above.

|  |
| --- |
|  |
| Print Name |
|  |  |
| Trainee Signature | Date |