

Parent/Guardian Agreement

Guidelines for participation in the KEYS Internship program:

The KEYS Internship program is an intensive work experience. An outside job, summer school, or summer camp is not allowed during the 7-week internship. We **do not** authorize students to miss program dates to attend family, school or extra-curricular activities. The KEYS Internship program has the right to remove students from the summer program at any time for misconduct or noncompliance with policies and procedures.

Health Insurance:

I understand that The University of Arizona (UA) strongly recommends that my child have adequate health insurance for the time period of the program and it is my responsibility to ensure that my child is adequately covered during the program. I understand that I may be required to pay a fee to utilize the health services at the UA.

Personal Health and Safety:

I understand that the UA cannot guarantee my child's health and safety during the program. My child is responsible for acting prudently and exercising caution and common sense at all times. I agree that the UA is not responsible for any personal injury, death, and/or loss or property suffered by my child during periods of travel with, and independent of, the KEYS Internship program.

Release of Information:

By signing this form I hereby give permission to the KEYS program staff to collect and release information appropriate to my child's application for their participation in the program, including: letters of recommendation, transcripts, report of conduct, and medical/counseling records. That information may be released between my child/my child's school and the KEYS Internship officials and among appropriate officials at the UA. I also give permission to KEYS staff to contact me and/or my child after the end of KEYS to follow up and invite us to KEYS events.

Hold-Harmless:

I understand that my child's participation in the KEYS Internship program is voluntary. I understand that the KEYS Internship program does not make any warranties of any kind, expressed or implied, regarding the KEYS Internship program participation, including perceived quality of the experience or services rendered. I further understand that the KEYS Internship program assumes no responsibility and disclaims any liability for any injury, loss, damage, or expense (personal, academic, financial, or other) suffered by my child by reason of his/her participation in this program.

Media Release:

I hereby grant this program and the Arizona Board of Regents on behalf of the UA permission to record me and my child's likenesses and/or voices for use by television, films, radio, Web-based media, or printed media to further the aims of this program and/or the UA in related campaigns and magazine articles, booklets, posters, Web sites, and in other ways they may see fit. I agree to hold this program harmless from and against any claims, damages, or liability arising from or related to the use of media containing my or my child's likenesses.

Approval:

I approve the content of my child's application and permit my child to attend the KEYS Research Internship program at the UA. I understand the necessity for my child's conformance to the Academic and Social Policies of the KEYS Research Internship program and the UA and that failure to abide by these regulations may result in my child's dismissal.

Completed consent forms must be signed by both the student and the parent/legal guardian in **BLUE** ink and uploaded to the student's application.

Signature of parent/guardian N. Pradeena Date: 11/22/19

Print parent/guardian name: ~~Anish Kumar~~ PRAVEENA NUKALA

Mailing address: 940 S Marie Dr Chandler, AZ, 85225

Email address: SURESH.NUKALA@GMAIL.COM

Home phone: _____ Work phone: _____ Cell phone: 480-213-1061

Alternate, non-parent/guardian emergency contact: RAVI NALLA KUKALA

Phone # of emergency contact: 602-350-7799

Thank you for your cooperation.