

Date \_\_\_\_\_

Node \_\_\_\_\_

## **DEVELOP Participant Information & Emergency Contact**

### **Participant Information**

**Full Name:** \_\_\_\_\_

Name You Prefer to be called: \_\_\_\_\_

#### **Local Mailing Address - Used While at DEVELOP:**

Street Address (No P.O. Boxes): \_\_\_\_\_

City, State, Country, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### **Permanent Residence - Used to verify address where tax documents will be mailed to you:**

Street Address (No P.O. Boxes): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

#### **Medical Status:**

Allergies (if any): \_\_\_\_\_

Any Medical Conditions of Which the Office Management Should be Aware: \_\_\_\_\_

\_\_\_\_\_

### **Emergency Contacts**

#### **Primary Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### **Secondary Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## DEVELOP Statement of Understanding & Agreement

I state that I agree to abide by all the stated guidelines and policies while I am a participant in the DEVELOP Program. If I choose not to abide by the policies and core values described in the Handbook, I understand that there will be consequences up to and including dismissal from the program. I agree that I am expected to read and understand all material contained within the handbook and will ask DEVELOP management if I am unclear about any of the policies.

I understand that my experience at DEVELOP this term will simulate a real-world work environment. I will conduct research on a team of participants under the guidance of science advisors and DEVELOP managers. I understand each team will be led by a DEVELOP participant, and that teams are assembled of diverse, interdisciplinary backgrounds and levels so that participants can learn from one another.

I am accountable for my attendance and punctuality, work ethic, open communication, good attitude, productivity, and quality of work.

By signing below, I represent that I read the foregoing and fully understand its contents.

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PARTICIPANT NAME (PRINT)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR PARTICIPANTS WHO DO NOT HAVE THE LEGAL CAPACITY TO ENTER INTO A CONTRACT, A PARENT OR GUARDIAN MUST ALSO SIGN BELOW:

I, the undersigned, hereby warrant that I am the legal parent/guardian of the above Participant, not of Age of Majority, and have full authority to authorize the above Agreement which I have read and approved.

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PARENT/GUARDIAN NAME (PRINT)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## DEVELOP Traveler's Responsibility Agreement

While on travel, I accept full responsibility for displaying good conduct and following the directions of the mentors, the rules of the hotels, and all state and local laws. I am aware that the legal age for consuming alcoholic beverages is 21. Also, I understand that while on travel, I must act in a manner that reflects well on the DEVELOP Program, my funding organization, and NASA at all times.

I further understand that the mentors, and those conducting the trip, will do all that is reasonable and prudent to assure the safety of the participants of the trip. The DEVELOP National Program, all funding organizations, and NASA do not assume any responsibility or liability for any accidents or injuries that I may sustain.

I also agree to participate in the scheduled conference sessions and other activities as required. I will be on time for all activities and departures.

I have read the above waiver and release, and by signing it agree it is my intention to exempt and relieve the DEVELOP Program, funding organization (SSAI and Wise County), NASA, or any other officially involved party from liability for personal injury, property damage, or wrongful death caused by negligence or any other cause during the aforementioned travel and activity participation.

By signing below, I represent that I read the foregoing and fully understand its contents.

---

PARTICIPANT NAME (PRINT)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR PARTICIPANTS WHO DO NOT HAVE THE LEGAL CAPACITY TO ENTER INTO A CONTRACT, A PARENT OR GUARDIAN MUST ALSO SIGN BELOW:

I, the undersigned, hereby warrant that I am the legal parent/guardian of the above Participant, not of Age of Majority, and have full authority to authorize the above Agreement which I have read and approved.

---

PARENT/GUARDIAN NAME (PRINT)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## **NASA Drug Free Work Place & Sexual Harassment**

Drug and Sexual Harassment Free Work Place Agreement for the NASA  
DEVELOP National Program

### NASA's Plan for a Drug-Free Workplace

Executive Order (E.O.) 12564, Drug-Free Federal Workplace, signed by President Reagan on September 15, 1986, established the goal of a drug-free workplace and required Federal employees to refrain from using illegal drugs on or off duty. Drugs impair an employee's ability to perform tasks that are critical to the Agency's mission and result in the potential for accidents on duty and failures that can threaten our success. As the World's leader in aeronautics and space research and development, NASA is unwilling to compromise the safety and health of any person or property or do harm to the environment and, therefore, has a compelling obligation to eliminate illegal drug use from the workplace.

You will be working at a federal government facility and potentially working in the field with government employees and other DEVELOP interns. As a DEVELOP intern you are expected to abide by the above provision and neither use nor tolerate the use of illegal drugs in your NASA environment and/or in your field work environment. By accepting your appointment with DEVELOP, you are acknowledging receipt of the above Drug Free Work Environment statement and that you agree to abide by the terms therein.

### Sexual Harassment

NASA has a zero tolerance policy towards sexual harassment. As such, your appointment may be revoked immediately for such behavior. If you are unsure or unclear about what constitutes sexual harassment, or if you experience such behavior, please contact DEVELOP Program management. Proper action will be taken.

By signing below, I represent that I read the foregoing and fully understand its contents.

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PARTICIPANT NAME (PRINT)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR PARTICIPANTS WHO DO NOT HAVE THE LEGAL CAPACITY TO ENTER INTO A CONTRACT, A PARENT OR GUARDIAN MUST ALSO SIGN BELOW:

I, the undersigned, hereby warrant that I am the legal parent/guardian of the above Participant, not of Age of Majority, and have full authority to authorize the above Agreement which I have read and approved.

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PARENT/GUARDIAN NAME (PRINT)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## National Aeronautics and Space Administration Intellectual Property Agreement for DEVELOP Program

In consideration of my participation in the DEVELOP Program at the National Aeronautics and Space Administration ("NASA"), the receipt and sufficiency of which is hereby acknowledged, I do hereby agree as follows:

### 1. Patent Rights

(a) Before the expiration of my tenure at NASA, I shall disclose to NASA Patent Counsel each invention made (conceived or first actually reduced to practice) by me, alone or jointly with an employee of the U.S. Government or its contractor(s), as a consequence of, or in direct relation to, my tenure at NASA (hereinafter "Subject Invention").

(b) I shall elect in writing whether or not to retain ownership of my interest in each disclosed Subject Invention by notifying NASA Patent Counsel within ninety (90) days after disclosure.

(c) If I elect to retain ownership, I shall file an initial patent application on the Subject Invention within one (1) year after my election or, if earlier, prior to the end of any statutory period wherein valid patent protection can be obtained in the United States after a publication, on sale, or public use of the Subject Invention.

(d) The U.S. Government shall have a nonexclusive, irrevocable, paid-up license to practice, or have practiced for or on behalf of the United States, each Subject Invention in which I elect to retain ownership.

(e) An elected Subject Invention may be subject to March-In-Rights by the U.S. Government in accordance with 35 U.S. Code, Section 203.

(f) I shall include the following statement within the specification of any United States patent application and any patent issuing thereon covering an elected Subject Invention:

"This invention was made with United States Government support, and the United States Government has a paid-up license in this invention and the right in limited circumstances to require the patent owner to license others on reasonable terms."

(g) If I fail to elect whether or not to retain ownership of a Subject Invention within the time specified above, or decide *not* to retain ownership of a Subject Invention, I shall assign my interest in the Subject Invention to the U.S. Government, upon its written request.

(h) If I decide *not* to file a patent application after electing to retain ownership; or decide to discontinue prosecution, decide not to pay a maintenance or issue fee, or decide not to defend a re-examination or opposition proceeding of a patent application on the Subject Invention, I shall assign my interest in the Subject Invention to the U.S. Government, upon its written request. I further agree to notify NASA at least thirty (30) days before the expiration period required by the U.S. Patent and Trademark Office if I decide not to: (1) continue prosecution of a patent application, (2) pay maintenance fees on a resulting patent, or (3) defend a resulting patent in a re-examination or opposition proceeding, in any country.

(i) If I assign my interest in a Subject Invention to the U.S. Government, I will share, to the same extent as a NASA inventor(s), in any royalties received if NASA, in its sole discretion, licenses the Subject Invention, or any patent application or patent covering the Subject Invention.

(j) If I elect to retain ownership of my undivided interest in a Subject Invention made jointly with a U.S. Government employee, I may request NASA to refrain from exercising its undivided interest in a manner inconsistent with my commercial interests.

(k) If I am a co-inventor with a U.S. Government contractor employee(s), I will consult with the contractor co-inventor(s) to determine how the above identified responsibilities will be met.

## 2. Copyrights

(a) In the event I author an original work as a consequence of, or in direct relation to, my tenure at NASA, I agree that the U.S. Government and others acting on the Government's behalf shall have a nonexclusive, irrevocable, paid-up license to use, reproduce, distribute, prepare derivative works, and display the copyrighted work publicly.

(b) If I decide *not* to assert copyright in such a work, I shall assign my copyright to the U.S. Government, upon its written request.

(c) Copyright in an original work co-authored with a U.S. Government employee(s) shall be jointly owned by me and the U.S. Government.

(d) For any works that I deliver to NASA during my tenure, I represent and warrant that the work is unclassified, has not been previously published, wholly or substantially, and is not under consideration for publication elsewhere. I also represent and warrant that the works will be my original work and that no portion of the work is covered by a prior copyright. For any work that is copyrighted, I represent and warrant that I obtained permission for its use in writing and that all image releases have been obtained for any human likeness. Further, I represent and warrant that the work will not infringe on any trademark, patent, trade secret, proprietary rights or other intellectual property rights of any third party, nor does it contain any material that is defamatory.

## 3. Applicable Law

(a) This Agreement shall be governed by United States federal law.

PARTICIPANT NAME (PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **IF THE PARTICIPANT DOES NOT HAVE THE LEGAL CAPACITY TO ENTER INTO A CONTRACT, A PARENT OR GUARDIAN MUST SIGN BELOW:**

I, the undersigned, hereby represent and warrant that I am the legal parent/guardian of the above participant, a minor, and have full authority to authorize the above Agreement which I have read and approved.

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## National Aeronautics and Space Administration Non-Disclosure Agreement for DEVELOP Program

In consideration of my participation in the DEVELOP Program at the National Aeronautics and Space Administration ("NASA"), the receipt and sufficiency of which is hereby acknowledged, I hereby agree as follows:

I acknowledge that during my participation in the DEVELOP Program at NASA, I may have access to sensitive non-public information (e.g., privileged, procurement sensitive, source selection sensitive, proprietary, trade secret and other non-public or Government controlled information). I am aware that unauthorized disclosure of such information could damage the integrity of the U.S. Government, and result in my personal liability, as well as liability to my sponsoring organization and educational institution. I acknowledge my responsibilities as outlined below regarding such information.

Regardless of how such information is or is not marked or labeled, I agree and acknowledge that I will not disclose, divulge, release or disseminate any such information to anyone except persons approved by NASA as authorized recipients who have a "need-to-know." I agree to protect this information from unauthorized use or disclosure and to refrain from using the information for any purpose other than that for which it was furnished.

I will not make copies, retain, discuss nor reveal any aspects of any documents, data, or software to which I have access as a consequence of my participation in the DEVELOP Program to anyone who is not authorized to receive the same information. I will make disclosures only to the extent that information is required on a "need-to-know" basis, and only subject to the knowledge and consent of my designated mentor or his/her duly authorized designee.

I am aware that breach of my obligations to safeguard and to not transmit or disclose such information to unauthorized persons could subject me to administrative sanctions (to include, when appropriate, termination of participation and/or reporting to sponsoring organization and educational institution), and prosecution under the Procurement Integrity Act or other applicable laws. I agree that this Agreement will be governed by United States federal law.

I am also aware that I may have access to technical data, services and hardware during my participation in the DEVELOP Program that may be subject to U.S. export control laws and regulations, including, but not limited to, the requirements of the Arms Export Control Act, 22 U.S.C. 2751, et seq., including the International Traffic in Arms Regulation, 22 C.F.R. 120 et seq.; and the Export Administration Act, 50 U.S.C. app. 2401-2420, including the Export Administration Regulations, 15 C.F.R. 730-774. I am aware that failure to obtain necessary export authorizations may result in criminal liability under U.S. laws. I am aware that I have an independent duty to ensure that if required, the proper license is obtained. I am also aware that NASA neither represents that an authorization shall not be required nor that, if required, it shall be issued, and that nothing herein provides any such export authorization to me.

NAME (PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IF THE PARTICIPANT DOES NOT HAVE THE LEGAL CAPACITY TO ENTER INTO A CONTRACT,  
A PARENT OR GUARDIAN MUST SIGN BELOW:**

I, the undersigned, hereby represent and warrant that I am the legal parent/guardian of the above participant, a minor, and have full authority to authorize the above Agreement which I have read and approved.

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## National Aeronautics and Space Administration Media Release

I, the undersigned, do hereby give permission to be recorded, photographed and/or videotaped by or for the National Aeronautics and Space Administration ("NASA") or its representatives. I further give permission to NASA and its representatives to use, reproduce, prepare derivative works, publish, distribute to the public, perform publicly, and/or publicly display the materials, including excerpts and any ancillary material, which include my name, affiliation (educational institute/company), image, voice, and/or likeness. NASA may distribute the materials, including excerpts therefrom, and any ancillary material through a variety of media in existence now or in the future, including but not limited to print, television, websites, radio, or any other means. NASA may also permit a third party to exercise NASA's rights, including but not limited to the right to display or distribute the recording, including excerpts therefrom, and any ancillary material, in any manner NASA deems appropriate.

I also understand that this permission to use my name, image, voice and/or likeness in such materials is not limited in time and that I will not receive compensation for granting this permission.

I acknowledge that NASA has no obligation to use my name, image, voice, and/or likeness in any materials produced by NASA, but if NASA so decides to use them, I waive the right to inspect or approve any such use.

I hereby unconditionally release NASA and its representatives from any and all claims and demands arising out of the activities authorized under the terms of this agreement.

This agreement is governed by United States federal law.

By signing below, I represent that I have read the foregoing and fully understand its contents.

NAME (PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IF THE ABOVE INDIVIDUAL DOES NOT HAVE THE LEGAL CAPACITY TO  
ENTER INTO A CONTRACT, A PARENT/GUARDIAN MUST SIGN BELOW:**

I, the undersigned, hereby represent and warrant that I am the legal parent/guardian of the above individual, a minor, and have full authority to authorize the above Agreement which I have read and approved.

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_