



## **RISK MANAGEMENT PACKET COVER SHEET**

\_\_\_\_\_  
**Printed Name** *(last, first, middle initial)*

\_\_\_\_\_  
**UIN**

\_\_\_\_\_  
**Program** *(ANRP or PPIP)*

\_\_\_\_\_  
**Cohort** *(semester – year)*

\_\_\_\_\_  
**Location**





# INTERN CODE OF CONDUCT

Printed Name (last, first, middle initial)

UIN

Program (ANRP or PPIP)

Cohort (semester – year)

Location

Students who participate in Texas A&M University’s Policy Internship Programs become part of the larger community in which they are living and have a responsibility to represent the program and the University in a positive manner. These responsibilities include: acting in a professional manner inside and outside of the office and exhibiting personal behavior that shows cooperation, consideration and respect for others. From the moment of your signature through the completion of the program, violations of any of these policies may result in disciplinary or program action - warnings may or may not be given. Please note that all determination of violations will be made at the discretion of the program and may or may not involve larger University processes through the Student Conduct Office and/or the Department of Civil Rights and Equity Investigations.

Program participants are responsible for abiding by all rules outlined in this code, the most recent University Student Rules, University Rules (including Civil Rights Rule 08.01.01.M1), TAMU Education Abroad Office policies (if applicable), local laws, program policies, and the Resident Handbook (if applicable). Violation of a regulation may lead to termination of the participant’s scholarship and or loss of academic credit. Program participation may also be revoked if a student’s conduct becomes, in Texas A&M University’s opinion, harmful to that student or to others, or if the student does not meet the expectations of the hosting organization.

## POLICIES INCLUDE, BUT ARE NOT LIMITED TO:

**24.4.2 Harassment.** Behavior that is severe, pervasive or persistent to a degree that a reasonable person similarly situated would be prevented from accessing an educational opportunity or benefit. This behavior includes, but is not limited to, verbal abuse, threats, intimidation, and coercion. In addition, harassment *may* be conducted by a variety of mediums, including but not limited to, physical, verbal, graphic, written, or electronic.

**\*\*The harassment or abuse of other interns, Texas A&M University staff or any other individual is not permitted.**

**24.4.4. Theft/Damages.** Unauthorized removal or stealing and/or attempted removal or stealing of property of a member of the University community or other personal or public property, on or off campus....Behavior that destroys, damages, or litters any property of the University, of a University community member, of another institution, or of another person, on or off campus

**24.4.9 Violation of published University rules.** Violation of any University policy, rule, or regulation published in hard copy or available electronically on the University website....

**24.4.12 Drugs.** The act of using, possessing, being under the influence of, manufacturing, or distributing illegal drugs or illegally obtained/possessed controlled substances is prohibited.

**Rule 22. Rules for Responsible Computing** relates to the acceptable use of computing and internet resources while a student.

**Professional Behavior.** Behavior that doesn’t maintain the level of professionalism outlined during all program meetings & trainings or that impacts a student’s internship in a negative way will not be tolerated & may result in dismissal from the internship program.

If a student’s whereabouts are unknown for more than 2 days/48 hours, a police report may be filed and the student’s emergency contacts notified. Please notify the program staff if you will be leaving town or away for more than 2 days. **Note:** For a complete list of University Rules, visit <http://student-rules.tamu.edu/> For the Civil Rights rules, visit <https://rules-saps.tamu.edu/PDFs/08.01.01.M1.pdf>

**CONDUCT PROCEDURES:** Alleged incidents involving violations of regulations may be reported by a Texas A&M University staff member, student, internship supervisor, or non-affiliated individuals. Reports of violations may be submitted in writing to the program staff. Additionally, the program and/or Offices of the Dean of Student Life may enact an interim program suspension or other restriction as the incident(s) is being investigated.

After receiving such a report, the involved student(s) will meet with program staff and/or staff from the Offices of the Dean of Student Life if necessary for a meeting or “hearing.” Without prior notice and approval from program staff, failure to attend a scheduled hearing/meeting may result in a decision without the student’s input. At the hearing, the student(s) will be asked to respond to the charges and will have the opportunity to present any witnesses or evidence to the program staff. The sanction and/or appeals may be made following processes established by Student Conduct Office or Civil Rights and Equity Investigations.

In situations in which an alleged violation of the Student Code of Conduct or Civil Rights rule has occurred at or near the end of an academic semester or internship and there is insufficient time to investigate prior to the student’s departure from the program, a written report and any other appropriate documentation relating to the charges may be forwarded by the program staff to the student’s campus liaison or other academic administrator (e.g. faculty advisor, dean, or academic vice president if there is no Texas A&M University campus liaison) or to the Office of the Dean of Student Life or Civil Rights and Equity Investigations for appropriate action as an alternative to an onsite hearing.

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**Participant’s Signature**

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**Date**



## PROGRAM WAIVER, INDEMNIFICATION, & TREATMENT AUTHORIZATION

- 1. EXCULPATORY CLAUSE:** In consideration for receiving permission to participate in any and all activities of Policy Internship Programs, which collectively refers to the Public Policy Internship Program and the Agricultural and Natural Resource Policy Internship Program (herein referred to as "activity"), which is sponsored by the Policy Internship Programs Office, (herein referred to as "program"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes the program, The Texas A&M University System, the Board of Regents for The Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
- 2. INDEMNITY CLAUSE:** I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to office environment related injuries, travel related injuries/risks, and others, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**
- 3. NO INSURANCE:** I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. The program may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so the program, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
- 4. BINDS HEIRS:** It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
- 5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER:** I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

**6. VOLUNTARY SIGNATURE:** In signing this agreement I acknowledge and represent that I have read it, understand it, and signed it voluntarily as my own free act and deed; the program has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the University. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

***SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.  
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.***

**SIGNED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Participant's Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Participant's Date of Birth:** \_\_\_\_\_

*If under the age of 18, a parent or guardian must complete the following:*

**Date:** \_\_\_\_\_

**Parent/Legal Guardian's Signature:** \_\_\_\_\_

**Parent/Legal Guardian's Name:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_



# TERMS OF PROGRAM PARTICIPATION

Printed Name (last, first, middle initial)

UIN

Program (ANRP or PPIP)

Cohort (semester – year)

Location

## PROGRAM INFORMATION:

### a. Location:

- i. **Austin, Texas** is a large metropolitan area. Students are responsible for personal safety. As with any large city, normal precautions should be taken. Students should always lock apartments/housing facility, secure purse or wallet, stay in well-lit areas, and refrain from walking around in less-traveled areas late at night.
- ii. **International** (London, Paris, Madrid, Berlin or Rome) locations are in large metropolitan areas outside of the United States of America. Students are responsible for personal safety. As with any large city, normal precautions should be taken. Students should always lock apartments/housing facility, secure purse or wallet, stay in well-lit areas, and refrain from walking around in less-traveled areas late at night. Students should also be aware of cultural differences and language barriers, which may be encountered in these international locations.
- iii. **Washington, D.C.** is a large metropolitan area. Students are responsible for personal safety. As with any large city, normal precautions should be taken. Students should always lock apartments/housing facility, secure purse or wallet, stay in well-lit areas and refrain from walking around in less-traveled areas late at night.

### b. Housing:

- i. **Austin, Texas:** The Policy Internship Programs in Austin, Texas are not residential programs. Students participating in the programs are responsible for locating and securing their own housing. All responsibility for the housing facility resides with the owner.
- ii. **International:** The Policy Internship Programs at international placement sites are not residential programs. Students participating in these programs are responsible for finding and securing their own housing. All responsibility for the housing facility resides with the owner.
- iii. **Washington, D.C.:** The Policy Internship Programs in Washington, D. C. are residential programs. Students participating in the programs are housed in The Buchanan, a commercial apartment complex located in Arlington, Virginia. All responsibility for the facility resides with the complex. The Buchanan is a 20-25 minute Metro ride to most internship placements and a walk of approximately two city blocks from the closest station. Texas A&M University rents and provides standard furnishings for six apartments to house interns and the Program Aide (PA), also commonly referred to as a Resident Assistant (RA). Occasionally, Texas A&M will rent apartment space to students not participating in the internship programs or to non-Texas A&M students.

Standards for Texas A&M Policy Internship Programs' residential component include:

1. Students will share a bedroom with at least one other person of the same sex, per Texas Law
2. Students will share an apartment with at least 5 students, sometimes of mixed sex
3. Students will maintain the cleanliness of the apartment, including personal and shared spaces
4. Students will follow instructions provided by the RA on how to report maintenance needs
5. Students will adhere to the code of conduct, housing contract and Texas A&M University Student Rules
6. Students will pay a housing fee and deposit in order to secure/reserve their housing space

- c. **Housing Scholarship:** Students participating in the Public Policy Internship Program receive a housing scholarship that is funded by Texas A&M University. Students participating in the Agricultural and Natural Resources Policy Internship Program receive a housing scholarship funded by the College of Agriculture and Life Sciences and outside donors. This scholarship is contingent upon successful participation and completion of the terms of the internship.

Location	Fall/Spring	Summer
Austin, Texas	n/a	n/a
Berlin, Germany	\$2,500.00	\$2,000.00
London, England	\$2,500.00	\$2,000.00
Madrid, Spain	\$2,500.00	\$2,000.00
Paris, France	\$2,500.00	\$2,000.00
Rome, Italy	\$2,500.00	\$2,000.00
Washington, D.C.	n/a (housing provided)	n/a (housing provided)

Acceptance of this scholarship indicates the student's agreement to adhere to the program policies including but not limited to the Intern Resident Handbook (*if applicable*), Terms of Participation, Texas A&M University Student Rules, and other requirements outlined by the program and other Texas A&M staff members.

Students who fail to complete the entire internship for any reason or who violate any program policies may be responsible for repayment of the housing scholarship in full. Additionally, failure to complete the internship may result in the denial of academic credit.

I understand the terms of this scholarship and wish to have my scholarship administered in the following ways (**initial one**):

- Apply my scholarship directly to my housing fee. (*Washington, D.C. only*)
- Place my scholarship in my student account and bill me for housing.
- I am living off site. Please process my scholarship to my student account. (*All International*)
- I am not receiving a scholarship for my participation. (*Austin only*)

- d. Enrollment:** Students in Policy Internship Programs will be flagged as full time by the Registrar's Office. **The student acknowledges that this does NOT include full time status for financial aid and scholarship purposes.** The student is responsible for meeting with a financial aid advisor prior to their internship to discuss how participation in Policy Internship Programs will affect their financial aid and scholarship eligibility.
- e. Withdrawal:** Policy Internship Programs and its staff have no control over payment, costs or refund policies related to travel or housing. Students who choose to withdraw from the program after payment of items related to participation in the programs should contact those entities regarding their refund policies. Texas A&M and its staff are not responsible for any non-recoverable expenses incurred from program cancellation, withdraw, or a student's inability to participate in the program.
- f. Health Insurance:** Policy Internship Programs require participants to have valid health insurance during their internship. Proof of insurance must be provided prior to departure.
- g. Acceptance of Terms of Participation:** I have read and agree to abide by the contents of this document. I understand that I am responsible for my own health, safety, welfare and behavior while participating in this program. I understand the terms of my internship. I understand by accepting admission to this program I am making a commitment to observe and obey the Policy Internship Programs rules and regulations, the Texas A&M University Student Rules and the governing/applicable laws of nation/state and country. I also understand that any violation of the above may result in immediate expulsion from the program and forfeiture of scholarship and housing deposit.
- h. Waiver of Family Educational Rights & Privacy Act (FERPA):** In compliance with the federal Family Educational Rights & Privacy Act of 1974, the University may be prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessment, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a completed Student Records Release authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party. In compliance with FERPA, the University may elect to withhold information from individuals other than the student.

I authorize Texas A&M University to contact and provide information, including educational records, to my parents and/or guardians during the period of my internship. I understand that I have the right to revoke this waiver at any time by providing written notice to the Policy Internship Programs Office.

**SIGNED** on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Participant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

*"State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."*





# EMERGENCY CONTACT INFORMATION

Texas A&M University Policy Internship Programs has my permission to release information to my emergency contacts, parents, legal guardians, authorized representatives of my government, supervisors, and/or the authorized representatives of the United States government.

\_\_\_\_\_  
**Printed Name** (last, first, middle initial)

\_\_\_\_\_  
**UIN**

\_\_\_\_\_  
**Program** (ANRP or PPIP)

\_\_\_\_\_  
**Cohort** (semester – year)

\_\_\_\_\_  
**Location**

*In the event of an emergency situation involving my death, serious injury or other emergency, I authorize my emergency contacts to receive medical and other necessary information so they may act on my behalf in such activities as banking, medical decisions, health insurance, billing, etc. I further authorize International Student Services or members of the Critical Incident Response Team to obtain and relay to my emergency contacts information about my medical condition. These contacts may also be contacted in the event I am reported as missing to the program or University.*

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

## PRIMARY CONTACT(s)

**Name**

**Relationship**

**Home phone**

**Work phone**

**Cell phone**

**Email address**

**Home address**

*include city/state/zip*

## SECONDARY CONTACT(s)

**Name**

**Relationship**

**Home phone**

**Work phone**

**Cell phone**

**Email address**

**Home address**

*include city/state/zip*

**Please answer the following health questions to the best of your knowledge. If you answer yes to any of the questions, please supply details.**

1. Do you have a medical and/or emotional condition of which program staff should be aware?  Yes  No

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2. Are you currently taking any medications (prescription or non-prescription)?  Yes  No

If yes, please provide names \_\_\_\_\_

3. Do you have allergies to medication, food, insects, etc.? How do you react?  Yes  No

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4. Do you have special medical concerns or needs that may require advance arrangements?  Yes  No

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**Health Insurance Information**

Health Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_

ID# (if applicable) \_\_\_\_\_

Name of Insured  
(i.e. parent's name) \_\_\_\_\_

**Please list any special services you may require due to an existing medical condition or physical disability:**

*This document should remain on file for two years after the date of event.*



## IMAGE RELEASE

1. I authorize Texas A&M University and its agents to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, voice, and likeness. I understand that Texas A&M will own these recordings.
2. I irrevocably authorize Texas A&M and its agents to use, display, publish, and distribute these recordings for any purpose on websites, publications, broadcasts, displays, and any other medium, and to offer these recordings to others for use in non-university mediums.
3. I waive any right to inspect or approve these recordings or material that may be used with them now or in the future, whether that use is known to me or not.
4. I release Texas A&M, its regents, employees, and agents from all liability arising out of these recordings, including but not limited to any claims arising out of my right of privacy or right of publicity and any claims based on any distortions, optical illusions, or faulty mechanical reproductions.
5. I understand that I will not be compensated for any use of these recordings.
6. I understand that this is a legal document and represent that I have read it and understand it and am signing it voluntarily.

**Date:**

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**Participant's Signature:**

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**Printed Name:**

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**Participant's Date of Birth:**

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*If under the age of 18, a parent or guardian must complete the following:*

**Date:**

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**Parent/Legal Guardian's Signature:**

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**Parent/Legal Guardian's Name:**

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**Relationship to Participant:**

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# FAMILY NOTIFICATION & PRESS RELEASE

We will mail a letter to one family member/parent/guardian you list below sharing your involvement in the program and the program's contact information in the event of an emergency. This will occur for all interns.

**Contact Printed Name:** \_\_\_\_\_

**Relationship to Intern:** \_\_\_\_\_

**Mailing Address of Contact:** \_\_\_\_\_

\_\_\_\_\_

Additionally, an optional press release will be sent to the address provided above and can be distributed as appropriate. The press release is for distribution to local newspapers and states that you will be interning with a TAMU program during the semester.

You and your contact are not required to distribute or receive the press release.

- Please indicate if you do want to have a press release written for distribution. If so, fill out the information below.
- Please indicate if you do NOT wish to have a press release. If not, do not fill out the information below.

<b>Press Release Information:</b>	
Ex: "John Smith, a 2014 graduate of College Station High School and an ag leadership major at Texas A&M University."	
High School Name	High School Graduation Year
Interning Office	Major(s)
<b>Name of parents or guardians to be included in the press release:</b>	
Ex: "John Smith is the son of Mr. and Mrs. Jacob and Julie Smith."	
Person(s) #1 (Salutation, Name, Relationship)	
Person(s) #2 (Salutation, Name, Relationship) *If desired*	

- If you and your family no longer live in the community where you graduated high school, please indicate that here.

