

CERTIFICATION FORM

Instructions:

Each and every member of a Student Team participating in the DEBUT Challenge must read this Certification Form and complete it by providing the information requested in items 1-3 below, and signing and dating where indicated. A Student Team can include only one Certification Form with its entry, which will be submitted by one member of the Student Team appointed to do so by that Student Team (i.e., "Team Captain" of that Student Team). Entries that fail to include a completed Certification Form will be disqualified from the Challenge.

FOR FURTHER INFORMATION CONTACT: Dr. Zeynep Erim at (301) 451-4797 or Zeynep.Erim@nih.gov.

1. Project Title:

2. Do you wish your entry to be also considered for prizes offered by VentureWell?

See <http://venturewell.org/students/debut> for a description of these prizes and rules for competing for them.

Yes No

3. I have read and understand the NIBIB DEBUT Challenge Rules ("Rules") located at

<http://www.nibib.nih.gov/training-careers/undergraduate-graduate/design-biomedical-undergraduate-teams-debut-challenge>

I hereby agree to abide by such Rules.

I hereby agree to assume any and all risks and waive claims against the Federal Government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from participation in this prize challenge, whether the injury, death, damage, or loss arises through negligence or otherwise.

I hereby agree to indemnify the Federal Government against third party claims for damages arising from or related to challenge activities.

I hereby grant NIBIB an irrevocable, paid-up, royalty-free, nonexclusive worldwide license to post, link to, share, and display publicly the entry on the Web, newsletters or pamphlets, and other information products.

**Fill out one row per team member. Each team member should sign below indicating their agreement to the terms above.
Put a star next to the Team Captain, if different from the student in the first row.**

| Student Name | E-Mail Address | University | Department | Year | US Citizen or Permanent Resident? | Signature | Date |
|--------------|----------------|------------|------------|------|--|-----------|------|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
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