

Undergraduate Research Payment Request - Student Form

Name	Date
Project Title	

Direct Deposit

I certify that I have provided my direct deposit information for payment. To verify your account information is on file, click on [Direct Deposit Instructions.](#)

What is your resident status for U.S. tax purposes? *

U.S. CITIZEN/RESIDENT NON-RESIDENT

Will you be traveling internationally? *

YES NO

Will your research be conducted outside the U.S.? *

YES NO

Representations

I wish to voluntarily participate in the above referenced Activity. I represent that I am in good health and in proper physical condition to safely engage in the Activity. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activity. In the event of injury or illness during my participation in the Activity, I authorize Carleton, and if applicable, the Activity Organizers to administer and/or secure medical treatment on my behalf, and I agree to accept responsibility for the full expense of such medical care along with other related expenses such as ambulance transportation.

I acknowledge and understand *

Assumption of Risk

I understand and acknowledge there will be known and unknown risks, dangers, and hazards, which may be encountered in the above-mentioned Activity and that accidents and injuries commonly happen, often without fault on the part of the participants or the Activity Organizers. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as loss of personal property, scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, disease related sicknesses, concussions and traffic accidents to 3) catastrophic injuries including paralysis and death. By electing to voluntarily participate in the Activity, I understand that I am accepting the risk of accidents and injuries that might arise out of my participation.

I understand and acknowledge that participation in some activities may involve risks not found on the Carleton College campus. I understand and acknowledge that these may include, but are not limited to, risks involved in and from: traveling to and within, and returning from, one or more destinations or foreign countries; different political, legal, social, law enforcement, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; different standards as to the availability and provision of medical care; and different weather conditions.

I also understand and acknowledge that while participating in the activities, I may experience risks and/or differences relating to educational systems, academic expectations, recognition of civil rights, lack of accessibility and accommodations for persons with disabilities, alcohol and drug use, relationships and gender issues.

I have made my own inquiry and investigation into such risks and/or differences, and am willing to accept them as a condition of participating in the activities.

I understand and acknowledge that Carleton College does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, place of lodging, tour organizer or other provider of goods and services in connection with the activities.

I understand that these risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Activity, or the acts, inaction or negligence of the Released Parties defined below, and I voluntarily assume any and all the risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Activity.

I acknowledge and understand *

Insurance Coverage

I understand that Carleton College does not undertake to provide health, accident, disability, hospitalization, personal property, or other insurance for participants in the activities. I affirm that I have appropriate medical insurance in the event that medical attention is needed for me by reason of my participation in the activities.

I further acknowledge that if I do travel internationally, it is my responsibility to consult the U.S. Department of State website regularly for information on travel warnings and restrictions and that I may not use funding for study or travel in countries with which the United States does not have a favorable relationship or where travel by U.S. citizens is not advised. U.S. Department of State travel warnings and restrictions also affect the coverage offered under a comprehensive international travel insurance program that the College will secure through an appropriate provider.

I acknowledge and understand *

Waiver of Liability

In consideration of being permitted to participate in the Activity, I hereby release, discharge and agree to hold harmless Carleton (including but not limited to the Activity Organizers), Carleton's trustees, officers, faculty members, employees, agents, advisors or any one or more of them, or their executors, administrators, heirs or assigns (the "Released Parties") from any and all claims, demands, damages, costs, expenses, actions and causes of action, present or future, on account of injuries to my person or property caused in whole or in part by the active or passive negligence of the Released Parties, arising out of or in connection with my participation. I intend for this release and indemnity agreement to protect the Released Parties from any and all claims, demands, damages, costs, expenses, actions and causes of action, present or future, of my executors, personal representatives, heirs and assigns, or any other person or entity, on account of injuries to my person or property, including injuries resulting in my death. I also recognize and agree that the Released Parties assume no responsibility for any liability, damage, or injury that I might sustain due to the intentional or negligent acts or omissions of any other person participating in the Activity. I hereby grant full permission to any and all of Carleton to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including advertising, without monetary payment to me.

I acknowledge and understand*

Indemnification and Hold Harmless

In further consideration of my being permitted to participate in the Activity, I, for myself and for my executors, personal representatives, heirs and assigns, hereby assume full responsibility for the risks, foreseen or unforeseen, of property damage, injuries, or death to myself or to others arising out of my participation. I agree to indemnify and hold harmless the Released Parties from all claims, demands, damages, costs, expenses, actions and causes of action, present or future, including but not limited to costs of medical treatment and reasonable attorneys' fees, that may accrue to any person or entity as a result of any property damage, injuries, or death, caused by me or arising out of my participation in the Activity.

I acknowledge and understand*

Severability

I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Minnesota and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge and understand*

Acknowledgment of Understanding

I have read this Assumption of Risk, Waiver of Liability and Indemnity Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to bring legal action or assert a claim against Carleton College. I acknowledge that by checking the acknowledgment below, I am signing the agreement freely and voluntarily and agree to a complete and unconditional release of all liability to the greatest extent allowed by law.

I acknowledge and understand*

Undergraduate Research Funding Acknowledgment Form: Tax Treatment of Payment

In partnership with Carleton's Business Office, we consider it our responsibility and in your best interest to explain to you the general treatment of these awards for tax purposes. With the internship funding you are receiving, you are the recipient of a scholarship, fellowship, or grant through Carleton College that is not associated with the regular curriculum or obtaining your degree.

Generally, a scholarship, fellowship or grant is excluded from your income for tax purposes to the extent you use the funds for tuition, fees, books, and equipment required for classes or enrollment. However, any portion of the funds you spend on incidental expenses, including room and board, travel, research or medical insurance could be included in your taxable income for the year. You should make the determination regarding whether a given scholarship, fellowship, or grant is taxable based upon the individual facts for all funds received. To the extent that you determine that a portion or all of the funds are not subject to tax, you should retain receipts, bank statements, and other documents that demonstrate your qualifying expenses. We recommend that you retain this letter for your tax records.

The College will not withhold any amount towards payment of federal, state or local income taxes and will not send a Form 1099 or Form W-2 to you. If your award is subject to tax, it is your responsibility to report the payment in the year received on your federal, state or local income tax return and pay all applicable taxes. Please refer to IRS Publication 970, "Tax Benefits for Education" for more information.

Fellows who are nonresidents for U.S. tax purposes are required to report the fellowship as income in the year the fellowship is received. The College may withhold 14% federal income tax that reduces the amount of payment and will be issuing tax form 1042-S. If you are eligible for tax treaty benefits, there will be no federal tax withholding and form 1042-S will be issued noting the exemption. It is your responsibility to report the payment on your annual tax returns; both Federal and State, and pay any additional taxes, if applicable. Please contact Shari Mayer (smayer@carleton.edu) if you have any questions.

Please note that this is intended to introduce you to the possible consequences of a gift, prize, or award. Since individual tax liability depends on each individual's circumstances, you should contact your personal tax advisor with any questions or concerns.

Please acknowledge below that you have read and agree to the terms stated above.

I acknowledge and understand

NOTE: Once you submit the form, remember to click "COMPLETE" in the lower-left corner of the web page.