

**BOISE STATE UNIVERSITY  
PARTICIPANT STIPEND AGREEMENT**

**Participant Name:**  
**Sponsoring Department:**  
**Participant Email:**  
**Participant Phone Number:**  
**Participant Address:**

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I, \_\_\_\_\_ (referred to herein as “Participant,” “I,” “me,” “my” and similar terms), understand that my participation in the \_\_\_\_\_ program will commence on \_\_\_\_\_ and end on \_\_\_\_\_ (the “Term”). I understand that my participation may be terminated at the discretion of Boise State University (“University”) if I fail to perform according to the program standards and the terms and conditions of this agreement. I understand that this is not considered a payment for services.

I understand that the total amount of my participant support is up to \$ \_\_\_\_\_, subject to available funding and other factors such as the length of my participation in the program and my compliance with the program standards. I understand that my Participant Support will be paid as follows (choose only ONE of the options below by marking the applicable option):

\_\_\_\_\_ A flat stipend at successful completion of program of \$ \_\_\_\_\_.

\_\_\_\_\_ Total stipend of \$ \_\_\_\_\_ distributed in \_\_\_\_\_ of \$ \_\_\_\_\_ over the term of the program.

I further understand that the University will reimburse me for up to \$ \_\_\_\_\_ upon my submission of receipts for actual allowable costs incurred for \_\_\_\_\_.

I understand that it is my obligation to consult my tax preparer to determine whether and how this Participant Support should be reported for state and federal income tax purposes.

If enrolled as a college student, I understand that this stipend may affect my financial aid eligibility and/or may alter the financial aid I receive. I understand that it is my responsibility to speak with a financial aid representative in order to determine what, if any, changes my Participant Support may cause to my financial aid.

If enrolled at Boise State University, I understand that as a condition of participation, I must maintain health insurance throughout the Term.

I understand I am subject to all University policies and local, state, and federal laws and that I must remain in good standing with each to remain a Participant.

If participation provides traveling outside the United States, I will follow all rules, regulations, or other protocol, policies, or procedure applicable to such travel. I further acknowledge that the University is not requiring me to travel for any reason and the University shall not be responsible in the event that anything happens to me or to my possessions during or as a result of this trip. I understand that I will be subject to the laws of any country I may visit during my participation and should I have any legal problems during the relevant international travel, I, and not University, will be responsible for any legal costs incurred as a result.

I understand that my participation in the program is further subject to the following terms and conditions (If no terms apply, use N/A; you may also add a document to the end of this Agreement and refer to it here, ie, see last page):

I UNDERSTAND AND AGREE TO ASSUME THE RISKS THAT MAY EXIST WHEN PARTICIPATING IN THE PROGRAM. I AGREE TO FOLLOW THE INSTRUCTIONS OF MY SUPERVISOR(S) AT ALL TIMES. I HEREBY RELEASE THE UNIVERSITY FOR ANY LIABILITY FOR ALL DAMAGES OR INJURIES WHICH MIGHT ARISE DURING OR IN CONNECTION WITH MY PARTICIPATION IN THE PROGRAM. I ALSO AGREE TO INDEMNIFY THE UNIVERSITY FROM LIABILITY OR DAMAGE THAT ARISES OUT OF OR RELATES TO MY PARTICIPATION AS A PARTICIPANT IN THE PROGRAM.

The University is prohibited by state law from entering into certain contractual agreements without the following required certifications. I hereby certify that: (i) pursuant to Idaho Code Section 67-2359, I am not a company currently owned or operated by the People's Republic of China and I will not for the duration of the Agreement be a company owned or operated by the People's Republic of China; and (ii) I am not an abortion provider or an affiliate of an abortion provider under the No Public Funds for Abortion Act. The terms in this paragraph defined in Idaho Code 67-2359, and in Title 18, Chapter 87, Idaho Code, respectively, shall have the meanings defined therein.

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

Date:

Printed Participant Name:

***If Participant is a minor:***

Parent/Guardian Signature: \_\_\_\_\_

Date:

Printed Parent/Guardian Name: