



**DESIGN BY BIOMEDICAL UNDERGRADUATE TEAMS (DEBUT) CHALLENGE  
CERTIFICATION FORM**

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**Instructions:**

Each and every member of a Student Team participating in the NIBIB DEBUT Challenge must read this Certification Form and complete it by providing the date and his/her printed name and signature where indicated below.

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 (e.g., the “Corresponding Student” or “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](mailto:Zeynep.Erim@nih.gov).

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/Official%20Rules>. 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.

Student Team Member Name	US Citizen or Permanent Resident?	Signature	Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

