

INTELLECTUAL PROPERTY AGREEMENT

I understand that, consistent with applicable law, the University of Rochester is governed by its official policies, including the policy entitled "Policy on Intellectual Property and Technology Transfer" and I agree to abide by the terms and conditions of those policies, as they may be amended from time to time.

Pursuant to those policies and in consideration of my employment by the University, the receipt of remuneration from the University, participation in projects administered by the University, access to or use of facilities provided by the University and other valuable consideration, I agree as follows:

1. I will disclose promptly to the Office of Technology Transfer all potentially patentable inventions conceived or reduced to practice in whole or in part in the course of my University responsibilities or resulting from the use of University resources and all rights in works of authorship which vest with the University in accordance with University policy.
2. I will assign to the University or its designee all of my right, title, or interest to those inventions, discoveries, patent applications, copyrights or patents which were determined by the University, in accordance with applicable laws and policies, to be owned by the University.
3. I will, upon request of the University for such University-owned inventions and copyrights, and at the University's expense, execute any document and do everything necessary and proper to secure the assignment, the copyright, the issuance of letters patent, United States or foreign for the inventions, discoveries, patent applications or patents described in paragraph 2 above.
4. I am under no consulting or other obligation to any third person, organization or corporation in respect to rights to inventions or other intellectual property which are, or could reasonably be construed to be, in conflict with this agreement. I will not enter into any agreement creating intellectual property obligations in conflict with this agreement or applicable University policies.

This agreement is effective on the date of my hire, enrollment or participation in projects administered by the University and is binding on me, my estate, heirs and assigns.

Signature

PRINT NAME AND DEPARTMENT:

Name/Title

Department

Date: _____

Witness

PRINT NAME AND DEPARTMENT:

Name/Title

Department

Date: _____

Return completed form to the Office of Research and Project Administration, 518 Hylan Building, River Campus Box 270140.