HSCI
HARVARD STEM CELL INSTITUTE

HIP FELLOWSHIP LETTER OF AGREEMENT

March 9, 2015

Dear HIP Participant,

Thank you for agreeing to participate as a summer research fellow at the Harvard Stem Cell Institute (HSCI). I am certain this will be a valuable experience for you.

I am writing to ensure clarity of expectations regarding your role this summer. You will be a summer research fellow, not an employee of the University or the University's affiliated hospitals. As such, you will not receive wages or other compensation in any form for your services. Instead, unless you are receiving another award (see paragraph 5), you will receive a stipend in the amount of $4,500.00, paid at the beginning of your ten-week program. Harvard does not make any promise of future employment or compensation in exchange for your services. Because you are not an employee, you will not be eligible to participate in Harvard's health, disability, or life insurance programs and you will not be eligible for worker's compensation in the event of injury.

As with all Harvard students, you are required to carry your own health insurance. You are asked to confirm, on the 'Required Information' form, that you have such insurance. If you are injured while serving as a Harvard research fellow, it is your responsibility to pay for emergency room care, doctors' services, hospitalization, and any other medical or non-medical services. Harvard will not compensate you for any injuries, time lost from school or work, or for any other reason, and you agree that you will not seek any compensation from Harvard or any of its employees.

The research fellowship is for a period of 10 weeks (or longer, by agreement with the faculty host), from June 8 through August 14, 2015. You will be expected to work full-time in the host laboratory for the duration of the fellowship, attend all seminars and stem cell companion classes, and present a final report on your research. Should you fail to complete the program, you will be asked to refund the stipend.

In addition, if you are a Harvard student and have received another award for summer research, your HSCI stipend will be reduced so that your overall summer stipend will be $4,500.00.

By signing this statement, you also release Harvard, its affiliated hospitals, and their agents and employees from any legal liability in the event of injury, property damage or loss, and you waive any claims you may have, now or later, in respect of injury, property damage, or loss arising out of or relating to your services as a fellow.

If you have any questions or concerns about the content of this letter, please contact me. Otherwise, I would appreciate your printing and signing this letter in acknowledgement of your receipt and understanding of this letter. Formalities aside, I look forward to welcoming you to this program.

Sincerely,

Maureen Herrmann

Maureen Herrmann

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I have read and understand this letter of agreement and will abide by its terms.

Signature of research fellow: ____

Printed name of research fellow: ____

Date: ______________________________