



## Mississippi University for Women Honarium Agreement

Thank you for your willingness to participate in \_\_\_\_\_  
Name of Program  
with Mississippi University for Women (MUW) on \_\_\_\_\_.

In consideration of your participation in the program, you will receive an honorarium from MUW in the amount of \_\_\_\_\_. Additionally, you will be compensated or reimbursed for necessary expenses as outlined below:

\_\_\_\_\_

As a participant in the Program, you will be classified as an independent contractor of MUW. Under no circumstances will you be considered a servant, agent, or employee of MUW. MUW will not assume legal responsibility for any of your actions or omissions.

Additionally, MUW will not provide any insurance coverage or benefits, including but not limited to workers' compensation insurance. Furthermore, MUW will not be responsible for withholding federal or state unemployment taxes, income taxes, Social Security taxes, or any other deductions. You will receive an IRS Form 1099 for any payments made to you by MUW.

Sincerely,

\_\_\_\_\_  
Dean | Department Head | Budget Manager

By signing below, I acknowledge and agree to the terms and conditions stated above:

Name and Address of Participant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date