



## Waiver of Liability for Electrically Powered Equipment

I, \_\_\_\_\_, hereby acknowledge that I have been allowed to bring my own electrically powered equipment, specifically \_\_\_\_\_ (the "Equipment"), into all University of Texas Medical Branch (UTMB) hospitals while I am an inpatient.

I understand I am responsible for the maintenance and repair of my Equipment, and I agree to remove my Equipment from UTMB property, if requested.

I acknowledge that UTMB may retain my equipment for further testing in the event of a related injury, illness, or death.

Further, I hereby agree to indemnify and hold harmless UTMB and its employees and agents from any and all liability for any injury or damage that may be caused by or to my Equipment while on UTMB property.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Date Tagged: \_\_\_\_\_

Tagged by:

\_\_\_\_\_  
Clinical Equipment Services

\_\_\_\_\_  
Other Authorized UTMB Department

\*Routing: One Copy to Clinical Equipment Services, 0726