PATIENT: ___________________________  U.H. #: ___________________________

This is to certify that I am leaving The University of Texas Medical Branch Hospitals (UTMB Health) at my own insistence and against the advice of the hospital authorities and my attending physician. I have been informed by them of the dangers attendant on my leaving the hospital at this time. I assume all responsibility for any results caused by leaving the hospital prematurely, and I hereby release the hospital, its employees and officers, and my attending physician from all liability of whatsoever nature.

Signed: ________________________________  (Patient)

I hereby agree to hold harmless The University of Texas Medical Branch Hospitals (UTMB Health), its employees, and officers, and the attending physician, from all liability of whatsoever nature, with reference to the discharge of the patient named above.

Signed: ___________________________  Relationship to patient: ___________________________

Date: ________________, 20___  Hour: ___________  PM  Witness: ___________________________

NOTE: If the patient's signature is not obtained, state reason: ___________________________

NOTE: If the patient refuses to sign such a statement, he cannot be forced to do so, legally, nor may his release be withheld until he signs. If this occurs the form should be filled out, witnessed by the hospital personnel present, and the statement made on the form “signature refused.”