

ACCOUNT REPRESENTATIVE/TECHNICAL ADVISOR  
ACKNOWLEDGEMENT AND RELEASE

Name \_\_\_\_\_

Manufacturer \_\_\_\_\_

I have been requested to provide technical advice, consultation and assistance regarding the selection or use of the Manufacturer's products during certain procedures/surgical procedures at the University of Texas Medical Branch at Galveston (hereinafter, "UTMB"). I represent and warrant that I am qualified to provide the requested assistance and that in providing such assistance I am acting within the scope of my responsibilities as an employee of the Manufacturer named above. I agree to provide documentation of such qualifications upon request.

I have reviewed UTMB's orientation materials, including, but not limited to policies on safety, infection control, and patient privacy and confidentiality. I agree to comply with those policies and all other UTMB Rules and Regulations, including UTMB's Institutional Handbook of Operating Procedures (which are available at <http://www.utmb.edu/policy/ihop/search/ihoptoc.pdf>), governing my activities at UTMB.

I understand that I will be under the direct supervision of the attending physician and agree to follow the attending physician's instructions. I also understand that I am not permitted to enter the sterile field or engage in any direct patient care activities at UTMB unless otherwise agreed in writing between UTMB and my employer.

In consideration of UTMB allowing me to provide technical assistance, I hereby expressly release the attending physician, UTMB, their agents and employees, of and from any and all claims, damages, responsibilities and liabilities which may arise directly, or indirectly from or in connection with my activities at UTMB. I further agree to indemnify and hold harmless the attending physician, UTMB and their agents and employees from and against any and all claims, liabilities and damages arising directly or indirectly out of in connection with my provision of technical assistance at UTMB.

\_\_\_\_\_  
Manufacturer's Representative

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date