

## MUTUAL INDEMNIFICATION AGREEMENT

This mutual indemnification agreement ("Agreement") is made and entered into as of this day of \_\_\_\_\_, 20\_\_\_\_ by and between \_\_\_\_\_ ("Contractor") and ("Hospital").

WHEREAS, [Enter basic description of event here] ("Event").

NOW THEREFORE, in consideration of the mutual agreements and covenants contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged:

1. Contractor hereby agrees to indemnify and hold Hospital, its officers, directors, employees, agents, successors and assigns harmless from and against any claim, damage, loss, expense, liability, obligation, action or cause of action, including reasonable attorneys' fees and reasonable costs of investigation, which Hospital may sustain, pay, suffer or incur by reason of any negligent act or omission of Contractor in connection with or arising out of the Event.

2. Hospital hereby agrees to indemnify and hold Contractor, its officers, directors, employees, agents, successors and assigns harmless from and against any claim, damage, loss, expense, liability, obligation, action or cause of action, including reasonable attorneys' fees and reasonable costs of investigation, which Contractor may sustain, pay, suffer or incur by reason of any negligent act or omission of Hospital in connection with or arising out of the Event.

3. Indemnity under this Agreement shall apply to acts and omissions beginning at [time] on [date] and shall continue for acts and omissions occurring through [time] on [date].

4. This document constitutes the entire understanding of the parties with regard to indemnification. All pre-document negotiations and representations are superseded by this document.

IN WITNESS WHEREOF, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties have executed this Agreement on the day and year first above written.

**CONTRACTOR:**

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

**HOSPITAL:**

By: \_\_\_\_\_

Title: \_\_\_\_\_

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