



## HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

State Form 50192 (R / 4-11)  
LOGANSPOUR STATE HOSPITAL

I \_\_\_\_\_ agree to indemnify and hold harmless  
*(Name of Responsible Party)*

the State of Indiana, \_\_\_\_\_, and its agents, contractors  
*(Name of State Hospital)*

and employees including the payment of any attorney fees for any property damage or personal injury to any

person occurring as a result of the acts of \_\_\_\_\_  
*(Name of Patient)*

While he/she is in custody from \_\_\_\_\_.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Relationship to Patient*

\_\_\_\_\_  
*Date (month, day, year)*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date (month, day, year)*