



ADJUNCT FACULTY AGREEMENT

In consideration of my appointment as a faculty member with Arizona State University (ASU), I understand and agree that my employment with ASU, in accordance with the appointment, will not include clinical practice or the practice of medicine with patients or other persons. The practice of medicine is outside of the course and scope of my employment with ASU, and I will indemnify and hold ASU harmless from any and all claims and liabilities of whatsoever kind, including attorneys fees, arising out of my clinical practice or my practice of medicine.

ASU and I may modify this Agreement in the future by written agreement.

(Printed Name)

(Signature)

(Date)