

**ASSUMPTION OF RISK AND RELEASE  
OF LIABILITY WHILE USING ERICSSON'S FACILITIES**

In consideration of the opportunity afforded me to park my car at the Ericsson US ("Ericsson") facility located in Piscataway, NJ, (Facility) I \_\_\_\_\_ ("I", "Me" "My") freely and voluntarily make the following statements and releases which I understand are legally binding. As used in this release, the term Ericsson means: Ericsson and its parent, representatives, owners, successors and assigns; subsidiaries, affiliates, predecessors of Ericsson; and any past or present officers, directors, agents, representatives, employees and attorney's of Ericsson.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

I understand that My use of the Ericsson Facility may expose Me or My passengers (if any) to the risk of bodily injury and/or My vehicle to the risk of property damage or theft. I acknowledge such risk and assume full responsibility and risk for any injury or damage sustained, directly or indirectly, from the use of the Ericsson Facility and agree to hold Ericsson harmless from any and all claims and damages, including attorneys' fees, filed against Ericsson.

I further understand and agree that Ericsson is not responsible for any loss, theft or damage to my vehicle, personal belongings or property (whether owned by me or a third party) left on the Ericsson Facility and I assume full responsibility and risk for any such loss, theft or damage.

**IT IS MY INTENTION BY SIGNING THIS DOCUMENT TO EXEMPT AND RELIEVE ERICSSON FROM ALL LIABILITY FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE, INCLUDING BUT NOT LIMITED TO THEFT THAT I OR MY VEHICLE MAY SUSTAIN BY USING THE ERICSSON FACILITY.**

In consideration for permission for My use of the Ericsson Facility I fully release and forever discharge Ericsson from any and all claims, liability and damages of any kind, known or unknown, which are related in any way to My use of the Ericsson Facility, including, but not limited to claims for personal injury and damage to property. I understand and agree that the above waiver includes, but is not limited to, all medical expenses and consequential damages that may result from personal injury or damage to property, whether owned by Me or a third party.

**I HAVE CAREFULLY READ, FULLY UNDERSTAND AND VOLUNTARILY SIGN THE ABOVE RELEASE. I UNDERSTAND THAT THIS IS A BINDING LEGAL DOCUMENT AND SIGN IT KNOWING THAT I WILL ASSUME ALL RISK AND RESPONSIBILITY ASSOCIATED WITH MY USE OF THE ERICSSON'S FACILITY.**

\_\_\_\_\_  
DATE

BY: \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME