



LLESA, Inc.

\_\_\_\_\_  
LLESA Membership #

\_\_\_\_\_  
Spouse's LLESA Membership #

## Livermore Laboratory Employee Services Association

### 2004 MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Name of Employer \_\_\_\_\_ Mail Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Day Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_

Spouse's Name (if an additional card is needed) \_\_\_\_\_

### RELEASE AND INDEMNITY AGREEMENT

#### 1. Voluntary Participation and Assumption of Risk

I acknowledge that I have voluntarily become a member of the LLESA and pursuant thereto I intend to participate in a wide range of exercise, sport, education, and family activity sponsored or conducted by LLESA.

I am aware that certain exercise, sport, education, and family activities I intend to engage in are hazardous. I also realize that not all of the risks and hazards of such activities are known. I am voluntarily participating in these activities with knowledge of certain risks involved and with the knowledge that all such risks are not known. I hereby agree to accept any and all risks, known and unknown, of personal injury, property damage or wrongful death. I verify this statement by placing my initials here: \_\_\_\_\_

#### 2. Release and Indemnity

It is my intention to exempt, relieve, and indemnify LLESA, Inc., LFS, Inc., The Regents of the University of California, and Department of Energy, their agents, officers, employees, subcontractors, and instructors (independent contractors or otherwise) from liability for personal injury, property damage, or wrongful death from negligence or other acts, howsoever caused. I verify this statement by placing my initials here: \_\_\_\_\_

I carry medical insurance for myself and all members of my immediate family, and further agree to pay any and all costs incurred as a result of treatment to an injury sustained while participating in LLESA activities.

Executed at Livermore, California on \_\_\_\_\_ 2003

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Authorized Signature