

Female   
Male   
Check# \_\_\_\_\_  
Work Order # \_\_\_\_\_



## 20 NORTH WACKER FITNESS CENTER WAIVER FORM

I, \_\_\_\_\_, am an employee of \_\_\_\_\_,  
(print full name) (print company name)  
(Tenant) a tenant at 20 North Wacker Drive, Chicago, Illinois (Building), leasing space known as Suite  
\_\_\_\_\_.

I understand that, so long as Tenant is a lessee of the Building and I am an employee of Tenant, I may use the Fitness Center located on the 15<sup>th</sup> floor of the Building, subject to the rules, regulations and hours of the Fitness Center. I acknowledge that (i) the Fitness Center is not supervised or staffed, (ii) there are inherent risks to exercising and (iii) I have been advised to obtain a physical examination prior to using the Fitness Center I voluntarily assume all risks associated with my use of the Fitness Center and understand Landlord is not responsible for theft, loss of personal property or injury including both injury and death. (iv) Bringing guests/personal trainers to the facility is strictly forbidden.

In consideration for being permitted to use the Fitness Center, I hereby waive, release and discharge Jones Lang LaSalle, LLC, SL Civic Wacker LLC., and all of their respective direct and indirect partners, members, officers, directors, employees and agents (each such person and entity individually, and all such persons, and entities collectively, referred to herein and the "Landlord") from any and all claims and causes of action of any nature whatsoever which I ever have against Landlord on account of or arising in connection with my use of the Fitness Center.

I further agree to indemnify and hold Landlord harmless from and against any and all loss, cost, damage and expense (including reasonable attorney's fees and cost) which Landlord may sustain or incur as a result of or in connection with my use of the Fitness Center.

I have read and fully understand the Rules and Regulations for the Fitness Center and the above waiver, release, indemnity and hold harmless provisions. There is a onetime fee of **\$50.00** made payable by check to **SL Civic Wacker LLC**.

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Key Card Number: \_\_\_\_\_

JLL  
20 North Wacker Drive, Suite 1945  
Chicago, Illinois 60606