

NORTHLAND CENTER

NORTHLAND CENTER FITNESS CENTER WAIVER AND RELEASE FORM

I agree that my use of the athletic and fitness equipment and facilities of the Fitness Center, which also includes the locker rooms, located at 3500/3600 American Blvd W., Bloomington, Minnesota (the "Facilities"), is voluntary and that the use of such Facilities and any services provided in connection therewith are not essential. I also understand that the use of the Facilities and participation in any activities at the Fitness Center carries a risk of serious personal injury. Knowing these risks and as consideration for permission to use the Facilities, I hereby expressly agree that all exercises and treatments that I may undertake and my use of the Facilities shall be undertaken by me at my sole risk.

I hereby forever waive, release, and discharge and agree to hold harmless GKII Northland Center, KBS/GK Fund II LP and NorthMarq Real Estate Services LLC, and any companies related to them, as well as their directors, employees, and representatives (hereinafter "Released Parties") from all claims, damages, liabilities, lawsuits and injuries to my person or property occurring on or about the Fitness Center or use therewith, even though caused by the active or passive negligence of any of the Released Parties.

I agree to abide by the rules, regulations and policies established by property management and acknowledge that property management reserves the right to amend the rules, regulations and policies at any time without prior notice to me.

Lockers may be used, free of charge, on a daily basis, but items **MUST BE REMOVED DAILY**. You must bring your own lock. Any locks left overnight will be removed and items left overnight will be discarded.

I understand that I am only eligible to use the Facilities while I am a current employee of a current tenant of Northland Center. I agree to notify property management immediately in the event my employment is terminated for any reason.

My signature below signifies that I have read, understood and accepted the terms of this Waiver and Release.

**Form must be completely filled out before granted fitness center access.
Please allow 5 business days for processing.**

Signature: _____ Date: _____

Print Name: _____

Access Card Number: _____

Company Name: _____

Suite Number: _____ Phone Number: _____

Email Address: _____

**PLEASE EMAIL OR FAX THIS WAIVER TO
NORTHLAND CENTER
northlandcenter@cushwakenm.com
FAX: 952-832-9688**