

2099 Pennsylvania Avenue, NW

AGREEMENT REGARDING USE OF THE FITNESS FACILITY  
AND  
WAIVER OF LIABILITY

I hereby agree that in exchange for my access to and my use of the fitness facility at 2099 Pennsylvania Avenue, NW (“the Facility”), I will comply with the following terms:

1. At all times when using the Facility, I will be in good physical condition sufficient to use the Facility and equipment and to participate in the exercise and fitness activities available. I understand and agree that there are is no on-site staffing for the Facility and that if I need training guidance regarding the use of the Facility or equipment, it is my responsibility to obtain that training or guidance elsewhere. I agree not to use the Facility if I am not insufficient condition to use the Facility safely.
2. I understand that I will use the Facility at my own risk and that there is a possibility of physical injury or death arising out of my use of the Facility and the equipment in the Facility. I AGREE TO ASSUME THE RISK OF SUCH INJURY AND IDEMNIFY “FSP 2099 PENN, LLC”, THE OWNER OF THE BUILDING, ITS LENDERS, PARTNERS, SHAREHOLDERS, EMPLOYEES, PERSONNEL OR AGENTS, FROM LIABILITY FOR ANY AND ALL INJURY, ILLNESS, HARM OR DAMAGE RESULTING FROM MY USE OF THE FACILITY OF THE EQUIPMENT, UNLESS THE INJURY, ILLNESS, HARM, OR DAMAGE IS DIRECTLY CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF SUCH PARTIES.
3. I understand that there is no surveillance or security provided inside the Facility and that I enter and use the Facility (including the equipment and locker rooms) at my own risk.
4. I will observe and follow the rules and regulations governing the use of the Facility, including all warning signs and equipment instructions posted in the Facility.
5. I will not lend my security card to anyone and I will not grant access to the Facility to anyone. I agree that if I do lend my card or grant access contrary to this Agreement, my right of access may be immediately cut off without notification.

USER OF FACILITY:

WITNESS:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Access Fob/Card Number:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Suite Number