

NORTH 180 LASALLE

180 NORTH LASALLE FITNESS CENTER WAIVER FORM

I, _____, am an employee of _____,
(print full name) (print company name)
a tenant at 180 North LaSalle Street, Chicago, Illinois (Building), leasing space known as Suite _____.
(print suite number)

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 Lower Level 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.

In consideration for being permitted to use the Fitness Center, I hereby waive, release and discharge 180 N LaSalle Property Owner LLC, IC US Capital Properties LLC, Hines Midwest 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 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.

This Fitness Center Waiver Form shall be binding upon me, my spouse, children, legal representatives, heirs and assigns, and executors and administrators.

I have read and fully understand the Rules and Regulations for the Fitness Center and will comply with the Rules and Regulations as they may be amended from time to time. I have read this Fitness Center Waiver Form and I am knowingly and willingly stating my acceptance of the terms and conditions as contained herein.

Signature: _____ Date: _____

Key Card Number: _____ Phone Number: _____

*Completed forms may be emailed to 180nlasalle.info@hines.com for approval. Please allow 24 hours for approval and access.