



## NORMANDALE LAKE OFFICE PARK HEALTH & FITNESS CENTER WAIVER & RELEASE

I agree that my use of the athletic and fitness equipment and facilities of the Wellness Center and Fitness Studio located at 8400 Normandale Lake Boulevard, Health & Fitness Centers located at 8000 Norman Center Drive and 8500 Normandale Lake Boulevard, Bloomington, Minnesota, and the locker rooms located at 8000 & 8300 Norman Center Drive, 5600 West 83<sup>rd</sup> Street and 8400 & 8500 Normandale Lake Boulevard, 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 such Wellness Center, Fitness Studio and Health & Fitness Centers 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 NorthMarq Real Estate Services LLC and ML-AI Normandale, 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 Wellness Center, Fitness Studio and Health & Fitness Centers or arising out of or in connection with my participation in any activities at the Wellness Center, Fitness Studio and Health & Fitness Centers or use therewith, even though caused by the active or passive negligence of any of the Released Parties.

If you would like to reserve a locker at a rate of \$50.00 per year please contact the Management Office at 952-921-2050, otherwise lockers may be used, free of charge, on a daily basis, but items **MUST BE REMOVED DAILY**.

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

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

Print Name: \_\_\_\_\_

Male                       Female

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

Building & Suite: \_\_\_\_\_

My card number is (last 5-digits) \_\_\_\_\_

**RETURN OR FAX THIS WAIVER TO THE MANAGEMENT OFFICE  
8200 TOWER, SUITE 280  
[Renee.hoy@cushwakenm.com](mailto:Renee.hoy@cushwakenm.com) or via fax (952) 921-2190**