



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

I agree that my use of the athletic and fitness equipment and facility located at 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 facility and any services provided in connection therewith are not essential. I also understand that the use of the facility and participation in any activities at such Health & Fitness Center carries a risk of serious personal injury. Knowing these risks and as consideration for permission to use the facility, I hereby expressly agree that all exercises and treatments that I may undertake and my use of the facility shall be undertaken by me at my sole risk.

I hereby forever waive, release, and discharge and agree to hold harmless Cushman and Wakefield U.S., Inc. and Liberty 8000 Normandale LLC, NL 8200 Tower, LLC, Liberty 8300 Normandale LLC, Liberty 8400 Normandale Owner LLC, CPIF Bloomington, 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 Health & Fitness Center or arising out of or in connection with my participation in any activities at the Health & Fitness Center 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 \_\_\_\_\_

**(PLEASE ALLOW 24-48 HOURS FOR ACCESS)**

**RETURN OR EMAIL THIS WAIVER TO THE MANAGEMENT OFFICE**

**8400 Tower, Suite 1450**

**[nlopreception@cushwake.com](mailto:nlopreception@cushwake.com)**