FITNESS CENTER WAIVER AND RELEASE 100 Colonial Center Parkway Lake Mary, FL 32746

I hereby request permission to use the Fitness Center located at 100 Colonial Center Parkway. I understand and agree that my use of the Fitness Center is at the discretion of the ownership (F7 CCO, LLC) and management (Jones Lang LaSalle Americas, Inc.) of the facility. The Fitness Center is available as an amenity to the Tenants of Colonial TownPark Office buildings and their employees only. Accordingly, building management may terminate or revoke my use of the Fitness Center at any time, for any reason, and will have no further obligation to me. I understand that my presence in the Fitness Center and my use of the equipment is at my own risk.

I understand that the use of the Fitness Center may involve great risk to persons with physical disabilities and certain medical conditions. I have no such physical disabilities and suffer from no medical conditions which would put me at such risk by using the Fitness Center. Further, I have not been instructed by a physician to not use exercise equipment of the type located in the Fitness Center or to otherwise limit my exercise program or physical activities.

In consideration of making the Fitness Center available to me, I hereby release, indemnify and hold harmless F7 CCO, LLC and Jones Lang LaSalle Americas, Inc. and its partners, affiliates, successors and assigns and its agents, contractors and employees from and against any and all claims, losses, damages, liabilities or demands of any kind on account of any damage or injury to persons or property or other effect upon my health or physical conditions which may occur as the result of my use of the Fitness Center or my presence in the Fitness Center. It is understood that the foregoing release and indemnity shall include, without limitation, any and all claims, demands, damages, causes of action, present or future, whether known or unknown, resulting from my use of the Fitness Center or its equipment. I assume full responsibility for all injuries or damages which may occur to me in the Fitness Center or by reason of their use of the equipment.

I assume full responsibility for any loss of or damage to my personal property which may occur in or about the Fitness Center. I have been informed and acknowledge that F7 CCO, LLC will not provide trainers or other supervision at or in connection with the Fitness Center. I agree to use the equipment located in the Fitness Center without any supervision.

I have not requested nor received any express representations or warranties as to the use of the equipment, and management does not make any implied representations or warranties with regard to the condition, fitness or use of such equipment.

I further acknowledge that F7 CCO, LLC hereby reserve the right to issue rules and regulations governing the operation and use of the Fitness Center. In the event that ownership and management issue such rules and regulations, I agree to strictly comply with same.

I acknowledge having received an Access Card enabling me to access the Fitness Center. I agree that the Access Card is the property of ownership and management and has been issued to me solely to provide me access to and use of the Fitness Center and may not be transferred by me to any other person. Upon request by ownership and management, or if I am no longer an employee of a Tenant of a Colonial TownPark Office Building, I will immediately return such Access Card to ownership and management or its agent. I will not allow any other person to use my Access Card nor will I otherwise facilitate the use of the Fitness Center by any other person as noted above.

I agree that any dispute or question concerning the use of the Fitness Center may be resolved by ownership and management, and the decision of such entity shall be, in all respects, binding upon me. This Waiver and Release shall benefit (and may be relied upon by) F7 CCO, LLC and its successors and assigns.

Key pad codes: Ladies 2222# / Men's 1111#

I have read and understood the above Waiver and Release. Please email this signed form to:

(Please print legibly)

Company Name	Bldg. & Suite # Card #	
Name	Signature Required	
Data	Mala/Farrala/farranana to the alequisia	
Date	Male/Female (for access to the showers)	