

125

SOUTH WACKER
CHICAGO

125 SOUTH WACKER BIKE ROOM WAIVER FORM

I, _____, am an employee of _____,

(print full name)

(print company name)

(Tenant) a tenant at 125 South Wacker Drive, Chicago, Illinois (Building), leasing space known as Suite _____.

I understand that, so long as Tenant is a lessee of the Building and I am an employee of Tenant, I may use the Bike Room located on **Level A** of the Building, subject to the rules, regulations and hours of the Bike Room. I acknowledge that (i) the Bike Room is not supervised or staffed. I voluntarily assume all risks associated with my use of the Bike Room 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 Bike Room, I hereby waive, release and discharge 125 South Wacker Street Property Owner LLC, IC US Capital Properties LLC, Hines Interests Limited Partnership, Hines Holdings, Inc., 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 Bike Room.

I further agree to indemnify and 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 Bike Room.

I have read and fully understand the Rules and Regulations for the Bike Room and the above waiver, release, indemnity and hold harmless provisions.

Signature: _____

Date: _____

Key Card Number: _____

E-Mail: _____

Cell Phone: _____

Work Phone: _____

Bike Information:

Make: _____

Model: _____

Color: _____