

25 Mall Road Access Card Request

Please (Check One: New Hire X Termination	Lost/Misplaced Card			
Name:	Emily Abert	Date of Birth: 12 / 05/1993			
Tenant:	Complete Staffing solutions	Suite #: 406			
Fitness (Center Access: Yes 🗶 No Male: _	Female: X			
	Fitness Center Acknowledgement of	Dialr Waiston Come			
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own phys. level of co	e fitness equipment provided in the fitness room is not risk free. All per ician prior to commencing any exercise activity. The use of the fitness ardiovascular exertion. The risks inherent in the use of fitness equipment ajury, illness, or in extreme cases, permanent trauma or death.	equipment requires coordination, agility and a high			
In using to to as the agrees as	he equipment and facilities located in the fitness room (such room, inclu- "Fitness Room") located at 25 Mall Road, Burlington, Massachusetts (follows:	ding the equipment now or hereafter therein, is referre 01803, the undersigned acknowledges, appreciates an			
1.	I hereby acknowledge, accept, and agree that use of the Fitness Room involves inherent risks, including without limitatio the risk of serious injury or death. I expressly waive and release any and all claims, rights and causes of action I (includin my heirs, successors, assigns and estate) may have against PRIM 25 Mall Road, LLC and its managing agent or its or their respective partners, members, managers, officers, employees, agents, representatives, and contractors (collectively "Landlord").				
2.	Landlord makes no warranties whatsoever (including without limitation any warranty of fitness for use) regarding the Fitness Room or the equipment or facilities therein. I agree to use the Fitness Room according to any current or future rule and regulations that may be in effect, and I agree not to allow any other person to use my access card to gain access to the Fitness Room.				
3.	This release and waiver is intended to be broadly construed in accordance with Massachusetts law. However, if any portion clause or sub clause is held invalid, the balance shall continue in full force and effect.				
4.	I certify that I have obtained the consent of my physician to use the fitness equipment and to exercise, or that I have intentionally and knowingly not sought any such consent. I understand that I am to discontinue any physical activity at an time I feel undue discomfort or stress.				
5.	I am voluntarily participating in the use of the Fitness Room and equipment and understand that I am assuming all of the inherent risks of the use of such fitness equipment. I acknowledge that the Fitness Room is not staffed by any person and that I will be exercising and using the fitness equipment independently and without supervision.				
6.	I acknowledge that the Landlord is not receiving any payment for my use of the Fitness Room, and may discontinue the availability of the Fitness Room at any time and from time to time without liability therefor.				
7.	I am over 18 years of age and I am qualified and legally competent to sign this Acknowledgement of Risk on my own behalf.				
HAVE I	READ THIS ACKNOWLEDGEMENT OR RISK, FULLY UN FARILY AND OF MY OWN FREE WILL AND WITHOUT I	DERSTAND ITS TERMS AND SIGN IT NDUCEMENT.			
SIGNAT	URE: Emuy Cale Date: 8/8/	ြဲ Card #:			



25 Mall Road Access Card Request

	Access Card Request						
Please Che	eck One: New Hire X Termination Lost/Misplaced Card						
Name:	Sean Young Date of Birth: 03/06/1986						
Tenant: (Complete Staffing Solutions, Inc Suite#: 406						
Fitness Co	Fitness Center Access: Yes X No Male: X Female:						
Fitness Center Acknowledgement of Risk Waiver Form							
Use of the fitness equipment provided in the fitness room is not risk free. All persons using the fitness equipment should consult their own physician prior to commencing any exercise activity. The use of the fitness equipment requires coordination, agility and a high level of cardiovascular exertion. The risks inherent in the use of fitness equipment and or participating in any exercise activity may include injury, illness, or in extreme cases, permanent trauma or death.							
	e equipment and facilities located in the fitness room (such room, including the equipment now or hereafter therein, is referred Fitness Room") located at 25 Mall Road, Burlington, Massachusetts 01803, the undersigned acknowledges, appreciates and bellows:						
1.	the risk of serious injury or death. I expressly waive and release any and all claims, rights the teacher than the risk of serious injury or death. I expressly waive and release any and all claims, rights the teacher than the risk of serious injury or death. I expressly waive and release any and all claims, rights the teacher than the risk of serious injury or death. I expressly waive and release any and all claims, rights the teacher than the risk of serious injury or death. I expressly waive and release any and all claims, rights the teacher than the risk of serious injury or death. I expressly waive and release any and all claims, rights the teacher than the risk of serious injury or death. I expressly waive and release any and all claims, rights the teacher than the risk of the risk						
2.	Landlord makes no warranties whatsoever (including without limitation any warranty of fitness for use) regarding the Fitness Room or the equipment or facilities therein. I agree to use the Fitness Room according to any current or future rules and regulations that may be in effect, and I agree not to allow any other person to use my access card to gain access to the Fitness Room.						
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6.	I acknowledge that the Landlord is not receiving any payment for my use of the Fitness Room, and may discontinue the availability of the Fitness Room at any time and from time to time without liability therefor.						
7.	I am over 18 years of age and I am qualified and legally competent to sign this Acknowledgement of Risk on my own behalf.						
I HAVE READ THIS ACKNOWLEDGEMENT OR RISK, FULLY UNDERSTAND ITS TERMS AND SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL AND WITHOUT INDUCEMENT.							
SIGNATURE: Date: 8/8/16 Card #:							

CBRE New England

Please Check One: New Hire / Termination ____ Lost/Misplaced Card ____ Name: Analy Montany Soldward Suite#: 406 Fitness Center Access: Yes No Male: ____ Female: _____

Fitness Center Acknowledgement of Risk Waiver Form

Use of the fitness equipment provided in the fitness room is not risk free. All persons using the fitness equipment should consult their own physician prior to commencing any exercise activity. The use of the fitness equipment requires coordination, agility and a high level of cardiovascular exertion. The risks inherent in the use of fitness equipment and or participating in any exercise activity may include injury, illness, or in extreme cases, permanent trauma or death.

In using the equipment and facilities located in the fitness room (such room, including the equipment now or hereafter therein, is referred to as the "Fitness Room") located at 25 Mall Road, Burlington, Massachusetts 01803, the undersigned acknowledges, appreciates and agrees as follows:

- I hereby acknowledge, accept, and agree that use of the Fitness Room involves inherent risks, including without limitation the risk of serious injury or death. I expressly waive and release any and all claims, rights and causes of action I (including my heirs, successors, assigns and estate) may have against PRIM 25 Mall Road, LLC and its managing agent or its or their respective partners, members, managers, officers, employees, agents, representatives, and contractors (collectively, "Landlord").
- 2. Landlord makes no warranties whatsoever (including without limitation any warranty of fitness for use) regarding the Fitness Room or the equipment or facilities therein. I agree to use the Fitness Room according to any current or future rules and regulations that may be in effect, and I agree not to allow any other person to use my access card to gain access to the Fitness Room.
- 3. This release and waiver is intended to be broadly construed in accordance with Massachusetts law. However, if any portion, clause or sub clause is held invalid, the balance shall continue in full force and effect.
- I certify that I have obtained the consent of my physician to use the fitness equipment and to exercise, or that I have intentionally and knowingly not sought any such consent. I understand that I am to discontinue any physical activity at any time I feel undue discomfort or stress.
- I am voluntarily participating in the use of the Fitness Room and equipment and understand that I am assuming all of the inherent risks of the use of such fitness equipment. I acknowledge that the Fitness Room is not staffed by any person and that I will be exercising and using the fitness equipment independently and without supervision.
- 6. I acknowledge that the Landlord is not receiving any payment for my use of the Fitness Room, and may discontinue the availability of the Fitness Room at any time and from time to time without liability therefor.
- 7. I am over 18 years of age and I am qualified and legally competent to sign this Acknowledgement of Risk on my own behalf.

I HAVE READ THIS ACKNOWLEDGEMENT OR RISK, FULLY UNDERSTAND ITS TERMS AND SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL AND WITHOUT INDUCEMENT.

SIGNATURE:	MM MATTER	Date: 8/1/16	Card #:	
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25 Mall Road Access Card Request

Access Card Request							
Please Che	ck One:	New Hire	Termination	Lost/Misplaced Card			
Name: A	SHLEU	(POH)		Date of Birth: 04 1201 1990			
Tenant: COMPLETE Stapfing SULLIUS Suite #: 406							
Fitness Cer		~ ~	Male: _	Female:			
		Taylor of the same					
			Acknowledgement of				
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5.	inherent ri that I will	isks of the use of such tit be exercising and using the	ness equipment. I acknowledge ne fitness equipment independer	equipment and understand that I am assuming all of the e that the Fitness Room is not staffed by any person and ntly and without supervision.			
6.	availabilit	y of the Fitness Room at a	my time and from time to time				
7.	I am over behalf.	18 years of age and I a	m qualified and legally compe	etent to sign this Acknowledgement of Risk on my own			
I HAVE READ THIS ACKNOWLED CEMENT OR RISK, FULLY UNDERSTAND ITS TERMS AND SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL AND WITHOUT INDUCEMENT. SIGNATURE: Date: Card #:							