

## FITNESS CENTER DISCLAIMER FORM

The following table depicts the prorated cost through out the year. Memberships are paid in full through the current month until the end of the calendar year. *RSM McGladrey, Attorney's Title, Schopf & Weiss, Pretzel & Stouffer*, and *Cochran-FPK* employees: Please visit or call the office of the building for fee schedules.

Payable by check to **JONES LANG LASALLE** or money-order *only*. All payment is non-refundable.

January	February	March	April	May	June	July	August	September	October	November	December
\$240	\$220	\$200	\$180	\$160	\$140	\$120	\$100	\$80	\$60	\$40	\$20

FIRST \_\_\_\_\_ M.I. \_\_\_\_\_ LAST \_\_\_\_\_ GENDER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ WORK PHONE \_\_\_\_\_

COMPANY \_\_\_\_\_ SUITE No: \_\_\_\_\_

COMPANY EMAIL ADDRESS \_\_\_\_\_

ACCESS KEY CARD # \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

## RELEASE AND HOLD HARMLESS AGREEMENT

Teachers Insurance and Annuity Association of America (the "Owner"), has provided certain individuals with a license to access and use the fitness center (the "Fitness Center"), an unsupervised and unstaffed exercise room, located in One South Wacker, Chicago, Illinois. The undersigned hereby acknowledges that there are inherent risks to exercising. The undersigned voluntarily assumes all risks associated with exercising and using the Fitness Center and the equipment located therein. In consideration of the Owner providing the undersigned with an electronic pass card that will allow the undersigned to access the Fitness Center during hours of operation, the undersigned hereby releases and discharges forever LaSalle Investment Management, Inc., Jones Lang LaSalle Americas (Illinois), L.P., Jones Lang LaSalle Services, Inc. (the "Management Company") Teachers Insurance and Annuity Association of America, its successors and assigns from all liabilities, claims, causes of action, charges, complaints, obligations, costs, losses, damages, injuries, attorneys' fees, and other legal responsibilities, of any form whatsoever, whether known or unknown, foreseen or unforeseen, anticipated or unanticipated, manifest or latent, which the undersigned now owns or holds, has at any time heretofore owned or held or may at any time own or hold by reason of any matter or thing arising out of or relating to the undersigned's access and use of the Fitness Center. The undersigned acknowledges that the license granted by the Owner is limited to the undersigned's personal use of the Fitness Center. The undersigned agrees not to provide any other individual, including family members, with entrance to or use of the Fitness Center. The Owner may terminate the undersigned's right to access and use the Fitness Center at any time, with or without notice. The undersigned agrees that the Management Company or Owner may limit key card access to the Fitness Center if Rules and Regulations are not adhered to, space access is breeched or such time that the undersigned is no longer employed at One South Wacker.

I have read and fully understand the foregoing Release and Hold Harmless Agreement.

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