



Palisades Fitness Center Rules

- Landlord is not responsible for lost or stolen items. All personal items must be removed daily. We are not responsible for any items left overnight.
- Alcohol, non-prescription drugs and tobacco products are not permitted.
- All free weights must be returned to original position after completion of your workout.
- Picture taking and/or videotaping is not permitted.
- Only Landlord may conduct movement of any equipment.
- Modifications of equipment beyond its designed purposes are prohibited.
- Please report any Injuries, accidents or equipment failures to the management office or security staff.
- Please consult a physician prior to physical activity. Landlord is not responsible for accidents or injuries which occur due to the nature of your activities.
- Misconduct will not be tolerated under any circumstances.
- No guests, children, or anyone under the age of 18 are allowed in the Fitness Center.
- No pets are allowed in the Fitness Center.
- No weapons are allowed in the Fitness Center.
- Disrupting or interfering with the workout of another member is not allowed.
- Respect the rights of others by using courteous and appropriate behavior. Profanity is not allowed.
- All equipment must be wiped down with supplied anti-bacterial wipes after each use.
- Please be courteous and use head phones. No noise should be heard by other occupants through any device in use.
- Except for capped water bottles, eating or drinking is prohibited in the fitness center.
- Maintenance for the Fitness Center will be required from time to time which may affect the hours of operation.

If any member violates any rule or regulation, membership is subject to being revoked.

As used herein, the term "**Landlord**" shall mean JP-KBS Richardson Holdings, LLC, Jones Lang LaSalle Americas, Inc., and their representatives, agents and affiliates.

FITNESS CENTER RULES ARE SUBJECT TO CHANGE.

I hereby agree to comply with the Fitness Center Rules and Regulations described above as part of my membership in the Fitness Center. I understand that my membership privileges may be terminated by my failure to comply with the Fitness Center Rules and Regulations.

Signature

Date

Print Name

Company Name



Palisades Fitness Center Release and Waiver of Liability

I, _____, (Print Name) have registered voluntarily to engage in exercise and fitness activities and use exercise equipment available in the building commonly known as Palisades I (the "Fitness Center").

I understand that this Fitness Center, which is unsupervised, involves strenuous physical exertion and will require sound judgment always during my participation. I understand that by participating, I am at risk to suffer serious physical injury and possibly death. I understand and agree that I, alone, am responsible to determine my physical and mental fitness and my suitability to participate. I acknowledge that neither owner nor manager ("Landlord") will not attempt to determine, nor will I hold Landlord liable to determine, my physical and mental fitness, suitability, or capability to participate either before I begin participation or at any time during my participation in the Fitness Center.

In consideration for the work performed by Landlord in making fitness equipment available, from which I receive value and benefit, I assume all risks of injury or death related to participation. I further release Landlord and all its affiliated entities, and waive any claim that I might make against Landlord and its affiliated entities, for any physical injury or death arising out of or relating to my participation in, or during travel related to or from, this Fitness Center.

I understand and agree that the effect of signing this Release and Waiver of Liability is to give up all my legal rights to file any lawsuit or to recover any money damages against Landlord and its affiliated entities for any claim relating to the Fitness Center including any claim for negligence by Landlord or negligence by any employee of Landlord.

Because participation in the Fitness Center is voluntary, I have agreed to sign this Release and Waiver of Liability. I have been given the opportunity to read carefully all the terms of this Release and Waiver of Liability and I understand fully the legal consequences of signing it.

I understand that I will not be allowed to participate in the Fitness Center unless I sign this Release and Waiver of Liability. I agree to this because I choose to participate in the Fitness Center at my own risk, knowing that I have no legal right to seek recovery of damages or otherwise to make any claim against Landlord for any harm or injury, including death, which I may suffer because of my participation.

As used herein, the term "**Landlord**" shall mean JP-KBS Richardson Holdings, LLC, Jones Lang LaSalle Americas, Inc., and their representatives, agents and affiliates.

Signature

Company Name

Printed Name

Address/Suite Number

Date



Palisades Fitness Center Access Application

This application is to obtain access to the secured doors at 2425 North Central Expressway, Richardson, TX 75080 and access to the Fitness Center. This access is issued to the undersigned only, and is not to be used by any other person. Once approved, this access will be added to your building access card. Please notify the Management Office and your office administrator immediately if your access card becomes lost or stolen.

Male Female

Employee Name: _____

Company Name: _____

Building and Suite Number: _____

Office Phone (include extension): _____

Mobile Phone: _____

Email Address: _____

ACKNOWLEDGEMENT:

I acknowledge and represent that I have read, understand and agree to abide with the terms and conditions as set forth herein, in the Fitness Center Rules, and Fitness Center Release and Waiver of Liability.

Employee Signature

Date

Employment Verification: Cards will not be issued/activated for access to the Fitness Center without verification from employer.

Tenant Authorization (Please Print): _____

Authorized Signature: _____

Date: _____

FOR MANAGEMENT OFFICE USE:

Access Card Number Issued: _____

Date Issued to Tenant: _____