

FITNESS CENTER WAIVER & RELEASE

IMPORTANT INFORMATION

Onni Properties (Chicago) Inc. ("Onni") requires that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants must recognize that there is an inherent risk of injury when choosing to participate in fitness center activities.

You are solely responsible for determining if you are physically fit and/or adequately skilled for fitness center activities. It is always advisable, especially if the participant is pregnant, suffers from an underlining medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any fitness center activity.

WARNING OF RISK

Aerobic and other fitness center activities such as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, and conditioning, there is still a risk of serious injury. All hazard and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist.

Depending upon a person's physical condition, age and/or skill level, fitness center activities can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones: (i) heart attack, stroke and circulatory problems, (ii) bone and joint injuries, (iii) back and neck injuries, (iv) shin splints, (v) muscle strain and other muscle injuries, and (vi) foot problems.

MEDICAL EXAMINATION: All participants are strongly encouraged to have a complete physical examination by a medical doctor prior to beginning any activity. If a participant has a history of heart disease, he/she should consult a physician before participating in any fitness center activity.

AUTHORIZATION

In the event of any emergency, I authorize Onni to secure from any accredited hospital and/or physician any treatment deemed necessary for my immediate care and agree that I will be responsible for payment for any and all medical services rendered.

WAIVER AND GENERAL RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in any fitness center activity, you will be expressly assuming the risk and legal liability and waiving and generally releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with any fitness center activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in any fitness center activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. As a material inducement for Onni to permit me to use the fitness center, its facilities, and equipment, I hereby waive and hold Onni Parties harmless for any and all claims and damages (including legal fees) present or future, foreseen or unforeseen, anticipated or unanticipated (collectively "Claims"), I may have (or accrue to me) against Onni, including its shareholders, directors, agents, employees, and affiliated companies and partnerships including Onni 200 LaSalle Limited Partnership (collectively "Onni Parties") and generally release Onni Parties from any and all Claims, including but not limited to those involving: (i) participating in any supervised or unsupervised fitness center activities, (ii) use of any fitness center equipment, (iii) any loss or theft of personal property, and (iv) accidental injuries, such as "slip and fall" injuries within the fitness center.

I have read and fully understand the above important information, warning of risk, authorization, assumption of risk, and waiver and generally release of all claims.

PLEASE PRINT

Participant's Name

Participant's Signature

Date:

Company:

<p>PARTICIPATION WILL BE DENIED If the signature of participant and date are not on this waiver</p>
