

Healthpeak[®] | DOC LISTE

FITNESS CENTER WAIVER

I, undersigned, am an employee, on-site consultant, or contractor of [COMPANY NAME], or one of its affiliates, or am temporarily assigned to work at The Cove at Oyster Point Business Park. I hereby acknowledge that I have volunteered to make use of certain facilities and equipment or other component of The Cove fitness center. I agree that I will operate all equipment in accordance with the manufacturers' instructions and that have read and will abide by the Fitness Center Rules attached herein. I understand the potential risks inherent in doing so, and I assume all risks and responsibility for my own health and well-being. In signing this document, I hereby release, indemnify and hold harmless HCP Oyster Point III LLC, Healthpeak Properties, Inc., HCP LSE Property Manager, LLC, its subsidiaries and its affiliates. its subsidiaries and its affiliates and their respective officers, members, employees, agents, and contractors (collectively, the "Indemnitees" and individually, an "Indemnitee"), from and against any and all damages, losses and/or claims that may be made against any Indemnitee for any reason whatsoever arising out of or in connection with my access or use of the fitness center. This release includes, but is not limited to any loss, damage or destruction of personal property or injury to persons.

*There will be a \$35 fee for lost access cards payable to HCP Oyster Point III, LLC.

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Name (Please Print)

Keycard ID Number

Signature

Date

Please check:

Women's Locker Room

Image: Men's Locker Room