

**FITNESS CENTER
RELEASE AND ACKNOWLEDGMENT**

SPF MATHILDA, LLC, 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 **100 Mathilda Place**. The undersigned hereby acknowledges and/or represents as follows: (i) the undersigned is aware of the COVID-19 pandemic and associated Safer at Home/Shelter in Place Orders that have been enacted in response to the pandemic; (ii) there are inherent risks to exercising; (iii) using the Fitness Center could expose the undersigned or others to COVID-19; (iv) the undersigned voluntarily assumes all risks associated with exercising and using the Fitness Center and the equipment located therein and risks associated with the transmission of COVID-19; (v) there are no guarantees that the undersigned will not be exposed to or contract COVID-19 as a result of use of the Fitness Center; (vi) each time the undersigned enters the Fitness Center, such entry shall be deemed to constitute a representation by the undersigned that, to the best of the undersigned's knowledge at such time, the undersigned does not have COVID-19 at such time and is not then exhibiting (and has not in the immediately preceding 14 days exhibited) any symptoms of COVID-19, including but not limited to fever, cough, shortness of breath or difficulty breathing; (vii) if asked and provided, the undersigned will use hand sanitizer prior to using the Fitness Center; (viii) the undersigned has been advised to take the following actions during the undersigned's use of the Fitness Center: (a) adhere to social distancing recommendations, and maintain a minimum of six feet of space between persons at all times; (b) avoid shaking hands with all others using the Fitness Center; and (c) wiping down before and after touching any surfaces during the undersigned's use of the Fitness Center. The undersigned acknowledges that he/she has been advised to wash his/her hands with soap and water for at least twenty seconds prior to and following the undersigned's use of the Fitness Center.

In consideration of **SPF MATHILDA, LLC** providing the undersigned with an electronic pass card that will allow the undersigned to access the Fitness Center 24 hours a day, seven days a week, the undersigned hereby releases and discharges forever **SPF MATHILDA, LLC**, its agents, property managers, asset managers, contractors, officers, employees, members and 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 use of the Fitness Center. The undersigned acknowledges that the license granted by **SPF MATHILDA, LLC** 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. **SPF MATHILDA, LLC** may terminate the undersigned's right to access and use the Fitness Center at any time, with or without notice. The undersigned agrees to return the electronic pass card to **SPF MATHILDA, LLC** or its property manager and to terminate further use of the Fitness Center at such time that the undersigned is no longer employed at **150 MATHILDA PLACE**.

By signing below, the undersigned (1) agrees that any representations made above are true and correct to the best of the undersigned's knowledge, and (2) acknowledges and agrees to take all recommended actions set forth above to protect the undersigned and others from exposure to COVID-19.

Date: _____

(Signature)

Printed

Name: _____

Company: _____

FOR MANAGEMENT OFFICE PURPOSES ONLY:

Electronic Pass Card Number: _____

Date Issued: _____

Initials: _____