

UNICORN FITNESS CENTER

500 UNICORN PARK

FITNESS CENTER EXERCISE WAIVER

I understand that my use of the Fitness Center at 500 Unicorn Park Drive, Woburn, MA 01801 (the "Unicorn Fitness Center") is voluntary and at my own risk and that no supervision or monitoring will be provided. In consideration for my being permitted to use the Unicorn Fitness Center at my own risk, I hereby release and hold harmless ND/CR UNICORN LLC (the "Owner") and National Development Asset Management of New England Limited Partnership (the "Property Manager"), their respective officers, directors, members, managers, partners, subsidiaries, affiliates, related entities, employees representatives, and attorneys (and their successors and assigns in the event of any change in ownership or management) (the foregoing all collectively referred to as the "Released Parties") from any and all claims and/or liabilities whatsoever, whether to my person, my property, or any claims and/or liabilities arising from or out of my use of the Unicorn Fitness Center (collectively, the "Released Liabilities"). Released Liabilities, include, without limitation, any claims, demands, liabilities, causes of actions or suits for injury (including, without limitation, death) and illness (including the contraction of coronavirus and other infectious diseases), arising out of, resulting from, or incident to my use or occupancy of, or participation in, the Unicorn Fitness Center. In addition, I agree to indemnify the Released Parties with respect to any claims, liabilities, costs, and/or expenses (including, but not limited to, attorneys' fees and costs) incurred by any of the Released Parties due to my acts or omissions in connection with the Unicorn Fitness Center.

I have read this form and have had the opportunity to ask questions and consult with my attorney. I have sufficient information to give my free and informed consent to use the Unicorn Fitness Center.

Employee Name (printed) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Company where employed: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Access Card Number (if known): \_\_\_\_\_

FOR MANAGEMENT OFFICE USE ONLY

Date of Card Activation for Fitness Center: \_\_\_\_\_

Activated by: \_\_\_\_\_