

WAIVER OF LIABILITY Fitness Class

**Silver Spring Metro Plaza
8401, 8403, 8405 Colesville Road**

To qualify to attend the Fitness classes located at Silver Spring Metro Plaza, and in consideration thereof, I hereby certify, covenant, and agree to Silver SM Co. LLC, Brookfield Properties Management LLC, Brookfield Properties Corporation and Brookfield Financial Properties, L.P. (collectively "Brookfield") as follows:

1. I am in good physical condition and able to participate in exercises and fitness activities available at the above location. I will do all exercises and participate in all activities at my own pace and at my own risk. I represent that I have no disability, impairment, or ailment preventing me from engaging in active or passive exercise or that will be detrimental to my health, safety or physical condition if I do engage in such activities.
2. I understand that Brookfield represents that neither it nor any of its employees, personnel or agents has expertise in (a) diagnosing, examining or treating medical conditions of any kind, (b) determining the effect of any specific exercise, or (c) prescribing any exercise program.
3. I understand that in participating in one or more exercises, there is a possibility of accidental or other physical injury or loss of my personal property. I agree to assume that risk of such injury or loss of property, and to indemnify, defend and hold harmless Brookfield and any officers, directors, shareholders, partners, employees, personnel, agents, or contractors thereof, from liability for any and all injury, loss, illness, harm or damage resulting from my use of the facility or the equipment, other than that which results from the gross negligence or willful misconduct of Brookfield.
4. I understand and acknowledge that I am an employee of the Tenant designated below, which is a tenant located at 8401, 8403, 8405 Colesville Road (Please circle one).

Employee: Name (please print)

Employee Signature

Date

Datawatch Card #: _____

Email Address: _____

This will certify that the employee designated herein is an employee of _____,
Tenant.

Tenant: _____

By: _____

Title: _____

Address & Suite # Phone: _____

** In the event a new Datawatch card has been assigned, tenant contact is to provide the update to the property management office at 301-578-8200. Property management will then revise the waiver and provide applicable access.*