

FITNESS CENTER EXERCISE WAIVER

200 CONNECTICUT AVENUE, NORWALK, CT

I am aware that exercise can be physically stressful and in certain instances can even be harmful and result in death. I am also aware that exercising may pose a greater health risk to individuals with particular health conditions and medical histories, including those individuals who:

- smoke
- have ever had elevated blood pressure
- are over 40 (men) or 50 (women) years of age who presently do not exercise
- had cardiac (heart) problems
- are overweight
- have diabetes
- have a family history of cardiovascular problems
- are susceptible to or have ever had orthopedic problems
- are pregnant

I understand that I should consult with my personal physician before I begin or continue any exercise program. I also understand it is recommended that I have a physician's consent and/or have my physician identify to me any limitations on my exercise that I may have if any of these conditions exist.

I understand that my use of the Fitness Center at 200 Connecticut Avenue, Norwalk, Connecticut, (the "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 Fitness Center, I hereby release the Landlord, DIV Dunham 35, LLC, its officers, directors, agents or employees, and their successors or assigns, from any and all liability whatsoever whether to my person or my claims or liabilities arising from or out of my use of the Fitness Center. I further agree not to sue or make any claim of any nature whatsoever in any court, agency, or other forum or proceeding against any individual or entity whom I have released and agreed to hold harmless in the preceding sentence.

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 informed consent to use the Fitness Center.

Participant Name (Print)

Participant Signature

Date

Company Employed By

Employee Access Card #

Witness Signature

Participant Phone Number

Participant Email Address

Employer Representative Name (Print)

Employer Representative Signature

Date

** Employer signature required to confirm employee is currently employed at 200 Connecticut Avenue.*

Completed form must be returned to Davis Management Office via email to lhubbard@thedaviscompanies.com or via fax to 203.866.1238.