

**Watergate Holdings I & II, LLC  
Waiver of Liability**

In order to use the fitness facilities and equipment located on **B2 at 600 New Hampshire Avenue, NW, Washington, DC** (hereinafter referred to as "Fitness Facility"), I hereby certify as follows:

1. I am in good physical condition and am physically fit and sufficiently trained to use the Fitness Facility and equipment and to participate in exercise and fitness activities available there. I will do all exercise and participate in all activities at my own risk, and will use the equipment in the Fitness Facility in a proper manner, consistent with the purposes for which such equipment was designed.
2. I understand that in participating in one or more exercise or fitness activities at the Fitness Facility or in using the equipment, there is a possibility of accidental or other physical injury. I AGREE TO ASSUME THE RISK OF SUCH INJURY AND INDEMNIFY AND HOLD HARMLESS WATERGATE HOLDINGS I & II, LLC ("LANDLORD") AND ANY OFFICERS, DIRECTORS, SHAREHOLDERS, PARTNERS, EMPLOYEES, PERSONNEL, OR AGENTS OF LANDLORD, FROM LIABILITY FOR ANY AND ALL INJURY, ILLNESS, HARM, OR DAMAGE RESULTING FROM MY USE OF THE FITNESS FACILITY OR THE EQUIPMENT, EXCEPT TO THE EXTENT SUCH INJURY, ILLNESS, HARM OR DAMAGE IS DIRECTLY CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF SUCH PARTIES.
3. I understand that there is no personnel, surveillance, or security provided in the Fitness Facility to protect me from third parties or other harm, and I enter and use the Fitness Facility at my own risk.
4. I acknowledge that I will abide by all rules and regulations governing the use of the Fitness Facility and equipment that may adopt from time to time.
5. I agree that I will not lend my security card to anyone on penalty of revocation without notification.
6. I agree that I will not use my security card to allow anyone into the Fitness Facility with my card on penalty of revocation without notice.
7. I am at least 18 years of age.
8. I agree that I will be responsible for any damage I cause to the equipment in the Fitness Facility or to the Fitness Facility itself.

**USER OF THE B2 FLOOR FITNESS FACILITY:**

Name: \_\_\_\_\_

DATAWATCH Card Number \_\_\_\_\_

Company \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check:

Beginner \_\_\_\_\_ Male \_\_\_\_\_

Intermediate \_\_\_\_\_ Female \_\_\_\_\_

Expert \_\_\_\_\_