



Please return to:
Shorenstein Realty Services
 5335 Meadows Rd. # 275
 Lake Oswego, OR 97035
 Phone: 503-619-3200
 Fax: 503-619-3210

FITSTOP ACCESS & WAIVER OF LIABILITY FORM

For Building and/or Parking Access, please log an online work order at www.shorenstein.com

Please thoroughly complete this form, including all appropriate signatures prior to submitting for processing.

COMPANY NAME	PHONE #
BUILDING & SUITE #	FAX #
CARD HOLDER NAME	FEMALE MALE

Check the appropriate box below and include the first (5) numbers on the access card as applicable.

NEW CARD **EXISTING CARD #:** * **LOST CARD #:**

*Replacement cards are charged @ \$20.00 each

Please select (1) one fit stop per card holder.

BUILDING	Building Access	Health Club Access Check (1) Only
4000 Kruse Way Place, Bldg. 3 / Suite 165		
4949 Meadows Rd., Suite 145		
5285 Meadows Rd. (Kruse Woods I - parking garage)		
5335 Meadows Rd. (Kruse Woods II - parking garage)		

AGREEMENT & WAIVER OF LIABILITY FOR HEALTH CLUB USE

The undersigned acknowledges and agrees to be bound by all Rules and Regulations now or hereafter adopted by Landlord, its successors or assigns (collectively, "Landlord") and agrees to use the Health Club at his/her own risk. The undersigned assumes all risk of injury, damage or loss, and shall hold Landlord harmless from and indemnify and defend Landlord against all claims, liabilities, damages, liens and expenses (including, without limitation, attorney's fees whether or not suit shall be brought) arising directly or indirectly from any use of the Health Club by the undersigned, guests or invitees of the undersigned, or any third party gaining access to the Health Club by means of the undersigned's key.

The undersigned understands that the use of the Health Club facilities may involve strenuous physical exertion and that a medical check-up is advisable before participating in any fitness program. The undersigned represents him/herself to be in good physical condition and to have no disability, impairment or ailment preventing participation in the use of the Health Club. The undersigned recognizes and appreciates the danger of physical stress, strain or injury (including cardiac arrest and abnormalities of blood pressure or heart rate) as a result of any physical fitness program. The undersigned understands and acknowledges that a fitness expert or any other health authority does not staff the Health Club.

Attention to proper attire is required. Only clean "workout type" attire is permitted. Street clothing is not permitted while utilizing the workout facility. No footwear other than proper athletic shoes is allowed in the exercise area. Shirts and shoes must be worn at all times in the exercise areas.

Should any provision of this agreement and waiver be determined to be invalid or unenforceable, it shall be deemed severed from this agreement and waiver, and such invalidity or unenforceability shall not affect the remaining provisions of this agreement and waiver which shall remain in full force and effect.

Signature of Cardholder

Date

Please sign below to authorize Shorenstein Realty Services to process this access card request as stated above.

AUTHORIZED SIGNATURE OF COMPANY REPRESENTATIVE:

Signature

Date

Shorenstein Realty Services use only: Card #:	Date Issued:	By:	Comments:
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