



Access Card Request Form

This Form Must Be Signed By Authorized Supervisor

Tenant Company Name: _____ Building _____ Suite _____
New _____ Replacement _____

The access card allows the cardholder access to the CityPlace buildings through the front entrance door, between 6:00 p.m. and 7:00 a.m. Monday through Friday and any time on weekends or holidays. The building is unlocked between 7:00 a.m. and 6:00 p.m. Monday through Friday and 8:00 a.m. to 12:00 p.m. on Saturday.

Use of this access card is solely for the undersigned. Allowing other persons access to the buildings and/or Fitness Center with this access card is strictly prohibited and will result in revocation of same.

In an effort to provide the best service, the following categories are set up to be utilized with the access card. Please fill in the company name, suite number, employee's name.

Employee Information: (Please Print)

Full Name: _____

Business E-Mail Address: _____

Vehicle Information:

Color: _____

License plate #: _____

Make: _____

Model: _____

Please X the appropriate access areas the employee will be authorized to use:

Attach fitness waiver forms for fitness center usage		
Elevators After Hours 24/7 Access	Yes _____	No _____
Building Entrance 24/7 Access	Yes _____	No _____
HVAC Access Charged at hourly rate (after hours use only)	Yes _____	No _____

***In case of emergency, the building doors will lock and access cards will be required for building access.**

***Access Cards will NOT be processed without all requested information ***

Authorized by: _____

(Supervisor Signature)

Date: _____

To Be Completed By Management Office:

Assigned Card Number: _____



CITY PLACE



CityPlace Fitness Center Agreement This Form Must Be Signed By Authorized Supervisor

Thank you for choosing to use the facilities, services, and/or programs of The CityPlace Fitness Center managed by REDICO Management, Inc. and CityPlace Fitness and serving tenants in buildings owned by RNSI CityPlace Owner, LLC, and its managers, members, officers, agents, employees, representatives, executors, and all others (hereinafter "CityPlace"). We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, _____, declare that I am over the age of eighteen (18), a full time on-site employee in the CityPlace campus, and intend to use some or all of the activities, facilities, programs and services offered by The CityPlace Fitness Center managed by CityPlace and I understand that each person (myself included), has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of the CityPlace Fitness Center managed by CityPlace brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I further understand that the activities, programs, and services offered by The CityPlace Fitness Center managed by CityPlace are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by The CityPlace Fitness Center managed by CityPlace, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may ask any questions or request further explanation of information about the activities, facilities, programs, and services offered by The CityPlace Fitness Center managed by CityPlace at any time before, during, or after my participation.

I declare that I have read, understood and agree to the contents of this informed consent agreement in its entirety.

Signature: _____

Date: _____

Printed Name: _____

Witness: _____

Company: _____

Fitness Center Hours: 6:00 a.m. to 6:30 p.m. M-F only.
No weekend availability



CITY PLACE



CityPlace Fitness Center Agreement And Release Of Liability

In consideration of gaining membership or being allowed to participate in the activities and programs of The CityPlace Fitness Center managed by REDICO Management, Inc. and CityPlace Fitness and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge The CityPlace Fitness Center managed by REDICO Management, Inc. and CityPlace Fitness, and serving tenants in buildings owned by RNSI CityPlace Owner, LLC, and its managers, members, officers, agents, employees, representatives, executors, and all others (hereinafter "CityPlace") from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment for machinery in the above-mentioned CityPlace Fitness Center or arising out of my participation in any activities at said CityPlace Fitness Center. I do also release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of The CityPlace Fitness Center managed CityPlace or the use of any equipment at The CityPlace Fitness Center managed by CityPlace. (Please initial: _____)

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial: _____)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of The CityPlace Fitness Center managed by CityPlace or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial: _____)

Signature: _____ Date: _____

Printed Name: _____ Witness: _____

Fitness Center Hours: 6:00 a.m. to 6:30 p.m. M-F only. No weekend availability.