

FITNESS FACILITIES AGREEMENT AND RELEASE OF LIABILITY

- 1) In consideration of being allowed to use the fitness facilities, equipment and machinery located at Los Angeles Center Studios, I do hereby waive, release and forever discharge LA Studios Operating Company, LLC, Downtown Center Studios, LLC, Hollywood Location Company, Inc., Bristol Group, Inc. and their respective affiliates, members, directors, partners, officers, agents and employees (collectively, the "Related Parties", from any and all responsibilities or liabilities from injuries or damages arriving out of or connected with my use of the fitness facilities, my participation in all activities, my use of equipment or machinery, or any act of omission, including negligence by the related Parties.

(Initials _____)

- 2) I understand and I am aware that strength training, flexibility and aerobic exercise including 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.

(Initials _____)

- 3) 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 or use of equipment or machinery. 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 the physical activity, exercise and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activities and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation, activities and utilization of equipment and machinery in my activities.

(Initials _____)

By signing I affirm that I have read and understand all information embodied within this application and agree to comply with LACS' policies.

Date

Applicant's Name - PLEASE PRINT

Badge #

Company/Production Name

Applicant's Signature

Work Telephone Number

Suite Number

Passes must be returned to Tenant Services in Suite T-110 on your last working day at Los Angeles Center Studios.

Please fax form to 213.534.2301 or deliver to Tenant Services in Suite T-110