



Evergreen Building

Change Room/Shower Room Waiver

In consideration of the Owner, bclMC Realty Investment Limited, and the manager QuadReal Property Group, providing the facility and equipment for the tenants of the building, in using this facility and the equipment, each user acknowledges and agrees that:

1. No representation or warranty is made on the condition, function, operation, safety or use of the facility or equipment;
2. There is no supervision of the facility; the user is responsible for his or her belongings in the facility;
3. The lockers are for day use only; items left in lockers overnight may be subject to removal and contents placed in lost and found;
4. The user has the experience, knowledge, and skill to use the facility and equipment without instruction or supervision;
5. The user will check the condition and working order of any equipment before using;
6. The user accepts all risks associated with the use of the facility or the equipment at his or her own risk;
7. The user releases and forever discharges the said owner and the said manager and their respective employees and officers from all liability and for any and all loss, injury or damage (including death) to the person or property of the user whether caused by any act or omission (negligent or otherwise) or the said owner or the said manager or their respective employees and officers; and
8. The user waives and renounces any statutory rights or benefits, including the Occupiers Liability Act, which are contrary to the Waiver, and expressly agrees that any statutory duty or care on the part of the owner is waived and modified.

It is expressly agreed by the undersigned that the facility is for TENANTS OF THE BUILDING ONLY AND GUESTS ARE NOT PERMITTED

If foregoing/above terms and conditions are not acceptable to the user, please do not use the facility and the equipment.

The undersigned has read this waiver and understands all its terms and has executed it voluntarily and with full knowledge of its significance.

Select Change Room: M F Access Card No. _____

Full Name: _____ Employer: _____

Signature: _____ Date: _____

**** Please submit completed form to service@quadrealconnect.com ****