

\*Please print and fill out completely and accurately.

Employee Name			
Company/ Suite Number/ Building			
In the event of emergency contact:	Name and Address		
Telephone			
I, the undersigned, apply for memb Center").	ership in the Island Ce	enter Fitness Center/ Wa	aterford Plaza (the "Fitness
I agree to comply with all rules and amended. I understand that my me <b>Investments Inc</b> for violation of Fi	mbership may be term		
I hereby acknowledge that participation in the Island Center and/or Waterford Plaza Fitness Center, located at Island Center, 2701 N. Rocky Point Drive, Tampa, Florida or Waterford Plaza, 7650 W. Courtney Campbell Causeway, Tampa Florida, is completely at my own risk. I also agree to assume responsibility for any damages that I might cause to Fitness Center or facility.			
In consideration of <b>Parmenter Rea</b> facilities for my use in the Fitness ( <b>Investments Inc</b> for myself and for legal action of law against <b>Parmen</b> its officers individually, or its emplor property damage resulting from Center or Waterford Plaza Fitness (	Center, I do hereby cover my heirs, legal representer Realty Fund IV I oyees, on the basis of or arising out of my us	venant with <b>Parmenter</b> sentative, and assign ne <b>nvestments Inc</b> and/or any claim or demand for	Realty Fund IV ver to institute any suit or Parmenter Realty Partners or bodily or personal injury
In executing this covenant, I expres against any person, firm or corpora officers individually, or its employe	tion, other than Parme		
I have read the above carefully before	ore signing.		
Executed at Tampa, Florida on:			
Signature of Applicant	Date		
Witness	Date		
Witness	Date		