



**CONSENT WAIVER**  
**Parkridge Five Associates Limited Partnership**  
**Fitness Center Waiver**

I, (Ms./Mr./Mrs.) \_\_\_\_\_ *[please print]* accept full responsibility for my use of any and all apparatus, appliances, facility privilege, or service whatsoever, owned by Parkridge Five Associates Limited Partnership, located at 10780 / 10790 Parkridge Boulevard, Reston, VA 20191 and operated by Walker Management, Inc., at my own risk and shall hold Parkridge Five Associates Limited Partnership and Walker Management, Inc., it's shareholders, Directors, Officers, Employees, Representatives and Agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me resulting therefrom. Further, I acknowledge that I will use the facility only when scheduled for a training session with Tracey MacDiarmid (unless I am an employee located in the Parkridge Business Center). I acknowledge that the facility is unmanned and I am knowledgeable concerning the functions of all apparatus, appliances and equipment present in this facility. I understand that it is expected of me to return weight plates, boards, paddings to their proper place and all trash will be taken from the facility and not abandoned by me therein. Also, I will not use any open liquid containers in the facility, play loud music or maintain any loud conversation within said facility. I accept this privileged use of this facility at no cost and will cooperate with its Directors/Personnel.

Ms./Mr./Mrs. *[signed]*:

Date:

Witnessed:

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Tracey A. MacDiarmid, CPT, OAT  
(703) 505-3050

*Train Hard, Eat Well, Live Happy*