



Bicycle Storage Room Rules and Regulations

River Point contains an enclosed Bicycle Storage Room available for Tenant use. The Bicycle Storage Room is located on the southeast exterior of the building on Lake Street accessible via card access.

1. The Bicycle Storage Room will be open 24 hours a day, 7 days a week.
2. The Bicycle Storage Room is for the use of building employees only. Friends, relatives and visitors are not permitted to use this amenity.
3. Each tenant is responsible for controlling and monitoring access to the storage room, ensuring the access cards are issued only to an employee and prohibiting its employees from lending their access cards to non-employees.
4. All persons using Bicycle Storage Room agree to do so at their own risk. Bicycle locks should be used to secure bikes stored in the room at all times. Locks will not be provided.
5. Only store bicycles on the rack. If the rack is full, ask building personnel for the location of alternative bike parking areas. Do not block the entrance to the Bicycle Storage Room or position bikes in a manner that will impede others from entering or exiting the area.
6. Smoking is not permitted in the Bicycle Storage Room.
7. The Bicycle Storage Room is intended to be used by tenants of the building while they are present at the building. Security is instructed to take inventory of all bikes left in the Bicycle Storage Room overnight. Bicycles left in the Bicycle Storage Room for more than two consecutive nights without prior permission from the Property Manager will be removed by building security.
8. Report any suspicious activity, vandalism or damage to building security immediately.
9. Landlord reserves the right to add, change or delete any Rule or Regulation herein contained and to change the method of operation to ensure maximum enjoyment of the facility.

The Bicycle Storage Room is for the enjoyment of all River Point tenants and their employees. Please assist us in maintaining this facility's cleanliness, usefulness and security. Please report any problems to the Office of the Building at 312-444-0200.

Agreed: _____

Print Name: _____

Company: _____

Date: _____

Bicycle Make/Model: _____



Bicycle Storage Room Waiver and Release of Claims

I, _____ hereby request permission to use the Bicycle Storage Room located along Lake street on the ground level of River Point, 444 West Lake Street, in Chicago, Illinois, together with any and all equipment and other facilities located therein (the "Bike Storage Room"). I understand and acknowledge that the Bike Storage Room is not a public facility, but rather is for the exclusive use of those individuals, such as myself, as are specifically authorized in writing by ("Landlord") or its authorized representative to use the facility, and who read and sign this **WAIVER AND RELEASE**. I understand and acknowledge that other users of the Bike Storage Room may inadvertently or purposefully damage or remove any and all contents of the Bike Storage Room. I ACKNOWLEDGE AND AGREE THAT THE USE OF THE BIKE STORAGE ROOM WILL BE ENTIRELY AT MY OWN RISK. I FURTHER ACKNOWLEDGE AND AGREE THAT, IN CONSIDERATION FOR BEING PERMITTED TO USE THE BIKE STORAGE ROOM, I SHALL BE ENTIRELY RESPONSIBLE FOR, AND I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS I HAVE OR MAY HAVE IN THE FUTURE against Landlord, and their successors, assigns, affiliates, directors, officers, employees and partners or any of them (collectively, "Landlord Parties") for any and all losses, costs, expenses, including reasonable attorney's fees damages or liabilities whatsoever of any nature, including bodily injury or death, arising out of my use of the Bike Storage Room, provided, however, that the foregoing waiver and indemnification shall not apply to any injuries or damages caused by the gross negligence or willful misconduct of Landlord or its agents or employees. I also agree that my use of the Bike Storage Room shall be in accordance with the rules and regulations attached hereto, as the same may be amended, modified or replaced from time to time by Landlord or its authorized representative.

By: _____

Print Name: _____

Company: _____

Date: _____