

CIRA FITNESS CENTER

MEMBERSHIP AGREEMENT

Member Name: _____ (please print)

Email Address: _____

Company: _____

Work Phone: _____

Date: _____

Were you previously a member at Cira Fitness Center? _____

Membership Type

Standard

Company Sponsored: _____

Method of Monthly Payment *

CREDIT CARD: VISA MC AMEX DISC

CHECKING: Attach voided check

Monthly Membership Fee: \$ _____

Any Additional Services (locker and/or laundry): \$ _____

*Membership to the Cira Fitness Center is based upon a month-to-month membership. Our Cancellation Policy is stated that each individual member is responsible for providing a written notification of cancellation, 30 days prior to the desired effective date. I also understand that there is a \$25 re-join fee if I were to cancel membership, then sign-up once again.

Initials: _____

Member Signature: _____ Date: _____

Fitness Center Representative: _____ Date: _____

Questions: Call us at 215-397-1592

Cira Fitness Center

AUTHORIZATION FOR AUTOMATIC BILLING OF CIRA FITNESS CENTER SERVICES THROUGH THE MINDBODY SYSTEM

I, _____
[Cardholder's Name - PLEASE PRINT]

authorize HealthEase, Inc. to charge my credit card account identified below ("Card Account") for monthly recurring and other amounts due from me for Cira Fitness Center services. I agree that HealthEase may continue to charge such amounts to my Card Account until I have provided HealthEase and /or Cira Fitness Staff with written notice to withdraw this authorization. I further agree to provide HealthEase with updated Card Account information on a timely basis reasonably prior to the expiration or termination of the credit card or debit card on file with HealthEase and the Cira Fitness staff in the event my credit card limit or debit card balance is insufficient to cover payment. If HealthEase is unable to charge my Card Account because of invalid information or because of insufficient funds, any past-due amount will be subject to applicable late payment fees, as well as any other applicable handling fees.

Please provide the following billing information:

Credit Card Account Number

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Credit Card Expiration Date _____/_____/_____

Card Type Visa MasterCard American Express Discover

Member Telephone Number (_____) _____

Billing Street Address _____

Billing City, State, Zip _____

Signature _____ Date _____

Please provide to:

Cira Fitness Center
2929 Arch Street
18th Floor
Philadelphia, PA 19104
215-397-1592



Cira Fitness Center

Exercise Facilities Use, Waiver, and Release Agreement



Start Date: _____ Fee: _____ Access Card #: _____

Name: _____

Employer Name: _____

Telephone Number: _____ Email Address: _____

Emergency Contact & Telephone Number: _____

I, the undersigned, wish to use the exercise facilities in the Cira Fitness Center that are made available to Building tenants. I understand that there are inherent risks in participating in an exercise program, and I assume full and sole responsibility for my use of the Cira Fitness Center. I certify to Management Parties (defined below) that I know of no medical conditions that would restrict my ability to exercise, and I understand that it is my responsibility to seek medical care and advice from a doctor to confirm that I am able to exercise.

I, the undersigned, agree to follow any and all rules/policies that the owners and managers of the Cira Fitness Center have implemented. If I, at any time, neglect these rules/policies, I acknowledge that the owner and managers of the Cira Fitness Center may terminate my membership/revoke access without refund.

I acknowledge the owner of the Building ("Owner") may elect to charge a fee in connection with my use of the Cira Fitness Center. Owner may increase the amount of such fee from time to time. Such fee may be a use fee, a towel charge, and/or a maintenance fee. Owner may also charge me a fee for my access card, key, or fob ("Access Device"). I will pay the fee consistent with the payment instructions provided by Owner. Owner may elect to bill me monthly, annually, or impose a one-time fee. I agree to pay the amount of the fee within 30 days after receiving the bill for the fee. Bills for the fee may be delivered to me by mail or email. I understand that my Access Device may be automatically deactivated unless I have paid in full the fee. I agree to pay Owner for the costs to replace the Access Device if it is lost, destroyed, or not functioning. Should I cause any damage or destruction to any part of the Cira Fitness Center, I will pay to Owner the costs to repair and or replace such damage or destruction. Owner may elect to cause the Cira Fitness Center to be operated by a designee of Owner. In such case, Owner may elect to require that I pay directly to such operator the fee and any other amounts due under this agreement.

I agree that Owner, Brandywine Realty Trust, Brandywine Operating Partnership, L.P., any operator of the Cira Fitness Center, and any of their respective officers, directors, shareholders, partners, members, employees, representatives, agents, vendors, contractors, affiliates, and subsidiaries (direct and indirect), successors, and assigns (collectively, "Management Parties") will not be liable or responsible for any injuries to me resulting from my use of the Cira Fitness Center, and I expressly waive, release, and discharge the Management Parties from any and all liabilities, claims, demands, or causes of action that I have or may have, now or in the future, known or unknown, relating to, arising out of, or are in connection with my use of the Exercise Facilities, including, without limitation, any claims for personal injury (including sickness and death), regardless of how such injury may arise and regardless of who is at fault or whose negligence causes the injury, even if the injury is caused by the negligence or fault of the Management Parties. I also agree that the Management Parties will not be liable or responsible for damage to or loss of any of my personal property, and I waive, release, and discharge any claims, demands, or causes of action against the Management Parties in connection therewith. The terms of this agreement are binding upon my heirs, executors, administrators, and assigns.

Owner, in its sole discretion, reserves the right to suspend, revoke, or terminate my use of all or any portion of the Cira Fitness Center for: (i) failure to comply with the terms and conditions of this agreement, or any rules and regulations that Owner may from time to time publish or post; or (ii) behavior or conduct that is in the sole opinion of Owner prejudicial to the welfare, good order, and character of the Cira Fitness Center; or (iii) any reason whatsoever or no reason at all. It is expressly understood that the loss of the privilege of use of the Cira Fitness Center will be without refund of any fees already paid. Further, if any information and/or representation in this agreement made by me is not true and correct, whether or not relied on by Owner, Owner will at any time have the right to terminate this agreement. Upon termination, Owner will have no further responsibility to me. The provisions of this agreement are binding upon me during the term of this agreement and after the termination or expiration of this agreement.

I acknowledge that my use of and access to the Cira Fitness Center is subject to my compliance with the terms and conditions of the lease with the Owner and rules and regulations therein. The provisions of this agreement are binding upon me during the term of this Agreement and after the termination or expiration of this Agreement.

I represent that I am at least 18 years old.

ACKNOWLEDGED AND AGREED:

Signature: _____

Date: _____

Cira Fitness Center

Policies

Fitness Center Access

- All members must swipe their access cards at the scanner located outside the fitness center doors to enter the facility and register their visits.
- Please do not “piggyback” or enter without swiping your access card.
- Use of the fitness center is solely for members; guests are not permitted.

Locker Room Usage

- Daily use lockers located in the men’s and women’s locker rooms are not for overnight use.
- The fitness center and staff are not responsible for any valuables stored in lockers.
- Place dirty shower towels in the designated laundry bins.

Equipment Etiquette

- A 30-minute time limit is enforced for all cardiovascular equipment if members are waiting.
- Please use provided gym wipes to clean equipment and accessories when done.
- Weights and accessories must be returned to its proper rack or location after use.
- When performing multiple sets, please allow others to “work in” and share the equipment.

Appropriate Attire

- Please wear appropriate gym attire, e.g., T-shirts, sweatpants, gym shorts or sweatpants.
- Shirts must always be worn in the fitness center.
- Jeans and skirts are not permitted on the exercise floor due to safety concerns.
- Sandals, open-toed shoes, and boots are not acceptable exercise footwear.

General Etiquette

- Eating is not permitted in workout areas. All beverages must be in closed containers.
- Do not remove fitness center exercise or shower towels from the facility.
- Be courteous to other members by taking calls in the lobby.