

ACCESS CARD REQUEST FORM

NEED A SUITE KEY NEED A NEW AFTER HOUR ACCESS CARD- NEED TO REASSIGN AN AFTER HOUR ACCESS CARD- Access card # Please add additional access to the above access card: FITNESS CENTER- Fitness Center Application must accompany registration for access. Auto Registration Information #1 color/make/ model license plate# state #2 color/make/ model license plate# state Propresty owner shall not be LIABLE AT ANY TIME OR LINDER ANY CIRCUMSTANCES FOR ANY MALFUNCTION, FAILURE OR UNAVAILABILITY OF AR ELECTRICAL MECHANICAL OR OTHER FACILITIES OR FOUNDER TIM THE PARKING FACILITIES (IF ANY), OR FOR ANY LOSS, DAMAGE, EXPENSE OR INCOMPENT IN THE PARKING FACILITIES (IF ANY) OR FOR ANY LOSS, DAMAGE, EXPENSE OR INCOMPENSIVE SIGNATURE Employee Signature Date Authorized Company Signature Date	Status: New Employ Circle One	yee/ Update Existing	Building: Waterfor	d Plaza
Employee First & Last Name (card assignment):	Company:		Suite:	
Please check mark the appropriate ltem(s) required: NEED A SUITE KEY NEED A NEW AFTER HOUR ACCESS CARD- NEED TO REASSIGN AN AFTER HOUR ACCESS CARD- Please add additional access to the above access card:	Requestor:			
NEED A NEW AFTER HOUR ACCESS CARD- NEED TO REASSIGN AN AFTER HOUR ACCESS CARD- Access card # Please add additional access to the above access card: FITNESS CENTER- Fitness Center Application must accompany registration for access. Auto Registration Information #1 color/make/ model license plate# state #2 color/make/ model license plate# state #2 color/make/ model license plate# state PROPERTY OWNER SHALL NOT BE LARLE AT ANY TIME OR UNDER ANY CIRCUMSTANCES FOR ANY MALFUNCTION, FAILURE OR UNAVAILABILITY OF AM ELECTRICAL, MECHANICAL OR OTHER FACILITIES OR EQUIPMENT IN THE PARRING FACILITIES (IF ANY), OR FOR ANY LOSS, DAMAGE, EXPENSE OR INCOMVENCE OF ANY NATURE (WHETHER DIRECT OR INDIRECT) RESULTING THEREFROM OR RELATED HERETO. Employee Signature Date Authorized Company Signature Date	Employee First & Las	st Name (card assignme	ent):	
NEED A NEW AFTER HOUR ACCESS CARD- NEED TO REASSIGN AN AFTER HOUR ACCESS CARD- Access card # Please add additional access to the above access card: FITNESS CENTER- Fitness Center Application must accompany registration for access. Auto Registration Information #1 color/make/ model license plate# state #2 color/make/ model license plate# state #2 color/make/ model license plate# state PROPERTY OWNER SHALL NOT BE LARLE AT ANY TIME OR UNDER ANY CIRCUMSTANCES FOR ANY MALFUNCTION, FAILURE OR UNAVAILABILITY OF AM ELECTRICAL, MECHANICAL OR OTHER FACILITIES OR EQUIPMENT IN THE PARRING FACILITIES (IF ANY), OR FOR ANY LOSS, DAMAGE, EXPENSE OR INCOMVENCE OF ANY NATURE (WHETHER DIRECT OR INDIRECT) RESULTING THEREFROM OR RELATED HERETO. Employee Signature Date Authorized Company Signature Date	Please check mark	the appropriate Item((s) required:	
FITNESS CENTER- Fitness Center Application must accompany registration for access. Auto Registration Information #1 color/make/ model license plate# state #2 color/make/ model license plate# state #2 color/make/ model license plate# state PROPERTY OWNER SHALL NOT BE LIABLE AT ANY TIME OR UNDER ANY CIRCUMSTANCES FOR ANY MAIFUNCTION, FAILURE OR UNAVAILABILITY OF AT ELECTRICAL, MECHANICAL OR OTHER FACITIES OR EQUIPMENT IN THE PARKING FACILITIES (IF ANY), OR FOR ANY LOSS, DAMAGE, EXPENSE OR INCONVENICE OF ANY NATURE (WHETHER DIRECT OR INDIRECT) RESULTING THEREFROM OR RELATED THEREFO. Employee Signature Date Authorized Company Signature Date	NEED A NEW	AFTER HOUR ACCESS		cess card #
Auto Registration Information #1 color/make/ model license plate# state #2 color/make/ model license plate# state PROPERTY OWNER shall NOT BE LIABLE AT ANY TIME OR UNDER ANY CIRCUMSTANCES FOR ANY MALUBULY OF AN state Employee Signature Date Date Authorized Company Signature	Please add addition	nal access to the abo	ve access card:	
#1 color/make/ model license plate# state #2 color/make/ model license plate# state #2 color/make/ model license plate# state **CARDS WILL NOT BE ACTIVATED WITHOUT TAG #** PROPERTY OWNER SHALL NOT BE LIABLE AT ANY TIME OR UNDER ANY CIRCUMSTANCES FOR ANY MALFUNCTION, FAILURE OR UNAVAILABILITY OF AN PROPERTY OWNER SHALL NOT BE LIABLE AT ANY TIME OR UNDER ANY CIRCUMSTANCES FOR ANY MALFUNCTION, FAILURE OR UNAVAILABILITY OF AN PROPERTY OWNER SHALL NOT BE LIABLE AT ANY TIME OR UNDER ANY CIRCUMSTANCES FOR ANY MALFUNCTION, FAILURE OR UNAVAILABILITY OF AN PROPERTY OWNER SHALL NOT BE LIABLE AT ANY TIME OR UNDER ANY CIRCUMSTANCES FOR ANY MALFUNCTION, FAILURE OR UNAVAILABILITY OF AN INCONVENICE OF ANY NATURE (WHETHER FACITIES OR EQUIPMENT IN THE PARKING FACILITIES (IF ANY), OR FOR ANY LOSS, DAMAGE, EXPENSE OR INCONVENICE OF ANY NATURE (WHETHER DIRECT OR INDIRECT) RESULTING THEREFROM OR RELATED THERETO. Employee Signature Date Authorized Company Signature Date		TER- Fitness Center Ap	plication must accom	pany registration for
#2 color/make/ model license plate# state #2 color/make/ model license plate# state **CARDS WILL NOT BE ACTIVATED WITHOUT TAG #** PROPERTY OWNER SHALL NOT BE LIABLE AT ANY TIME OR UNDER ANY CIRCUMSTANCES FOR ANY MALFUNCTION, FAILURE OR UNAVAILABILITY OF AT Electricat, mechanical or other facinities or equipment in the parking facilities (if any), or for any loss, damage, expense or inconvenice of any nature (whether direct or indirect) resulting therefrom or related thereto. Employee Signature Date Authorized Company Signature Date	Auto Registration In	formation		
CARDS WILL NOT BE ACTIVATED WITHOUT TAG # PROPERTY OWNER SHALL NOT BE LIABLE AT ANY TIME OR UNDER ANY CIRCUMSTANCES FOR ANY MALFUNCTION, FAILURE OR UNAVAILABILITY OF AN ELECTRICAL, MECHANICAL OR OTHER FACITITES OR EQUIPMENT IN THE PARKING FACILITIES (IF ANY), OR FOR ANY LOSS, DAMAGE, EXPENSE OR INCONVENICE OF ANY NATURE (WHETHER DIRECT OR INDIRECT) RESULTING THEREFROM OR RELATED THERETO. Employee Signature Date Authorized Company Signature Date	#1 color/make/ model		license plate#	state
PROPERTY OWNER SHALL NOT BE LIABLE AT ANY TIME OR UNDER ANY CIRCUMSTANCES FOR ANY MALFUNCTION, FAILURE OR UNAVAILABILITY OF AN ELECTRICAL, MECHANICAL OR OTHER FACITITES OR EQUIPMENT IN THE PARKING FACILITIES (IF ANY), OR FOR ANY LOSS, DAMAGE, EXPENSE OF INCONVENICE OF ANY NATURE (WHETHER DIRECT OR INDIRECT) RESULTING THEREFROM OR RELATED THERETO. Employee Signature Date Authorized Company Signature Date	#2 color/make/ model		license plate#	state
Authorized Company Signature Date	PROPERTY OWNER SHALL NOT BE ELECTRICAL, MECHANICAL OR (Liable at any time or under any other facitites or equipment in	CIRCUMSTANCES FOR ANY MALFUN THE PARKING FACILITIES (IF ANY),	ction, failure or unavailability of any or for any loss, damage, expense or
	Employee Signature		Date	
	Authorized Compar	ny Signature	Date	
Please Return To: Parmenter Realty Partners Tele: 813-281-1110 Email: dogren@parmco.com	Please Return To:	Tele: 813-281-1110		
OFFICE USE ONLY		OFFIC	CE USE ONLY	
Access: Card #1 Card #2	Access: Card #1_		Card #2	



FITNESS CENTER MEMBERSHIP APPLICATION

*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 membership in the Island Center Fitness Center/ Waterford Plaza (the "Fitness Center").

I agree to comply with all rules and regulations of the fitness center as they now exist or as they may be amended. I understand that my membership may be terminated by **Parmenter Realty Fund IV Investments Inc** for violation of Fitness Center rules.

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 **Parmenter Realty Fund IV Investments Inc** making available to me equipment and facilities for my use in the Fitness Center, I do hereby covenant with **Parmenter Realty Fund IV Investments Inc** for myself and for my heirs, legal representative, and assign never to institute any suit or legal action of law against **Parmenter Realty Fund IV Investments Inc** and/or Parmenter Realty Partners its officers individually, or its employees, on the basis of any claim or demand for bodily or personal injury or property damage resulting from or arising out of my use of the facilities or equipment of the Island Center or Waterford Plaza Fitness Center.

In executing this covenant, I expressly reserve any and all rights, causes of action, claims and demands against any person, firm or corporation, other than **Parmenter Realty Fund IV Investments Inc**, its officers individually, or its employees.

I have read the above carefully before signing.

Executed at Tampa, Florida on:

Signature of Applicant

Date

Witness

Date