

POINTE O'HARE

WAIVER AND RELEASE OF CLAIMS ARISING OUT OF THE USE OF THE MOTHER'S ROOM AT POINTE O'HARE

I, _____, hereby request permission to use the Mother's Room located on the third floor of the Pointe O'Hare Building at 9550 W. Higgins Road, Rosemont, Illinois (the "Building"), together with any equipment and other facilities located therein (the "Mother's Room"). I understand and acknowledge that the Mother's Room is not a public facility, but rather is for the use of those individuals, such as myself, who are specifically authorized in writing by Bradford Allen Pointe O'Hare, LLC ("Landlord") or its authorized representative to use the facility, and who read and sign this waiver and release. I acknowledge and agree that the use of the Mother's Room shall be subject to availability and the use by others. My use of the Mother's Room will be entirely at my own risk. I further acknowledge and agree that, in consideration for being permitted to use the Mother's Room, I shall be entirely responsible for, and I hereby waive and relase 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 Mother's 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 Mother's 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: _____ Date: _____

Company: _____ Access Card #: _____

POINTE O'HARE

MOTHER'S ROOM RULES AND REGULATIONS

Access & Eligibility

- The Mother's Room is available to employees of tenant firms with an active lease in the building who need a private space for personal nursing-related needs.
- Access will be controlled via a building key card.
- Visitors and nonauthorized personnel are not permitted.
- To request access, an access request form shall be filled out and returned to the property management office. After the form is reviewed, please expect access to be granted within two business days.
- Landlord may rescind the availability of the amenity at any time at its sole discretion.

General Information & Rules

- The room is available on a first-come, first-served basis.
- Users are expected to limit their use to 30-minute intervals to ensure the room is available to others.
- In addition to the access card reader, the room has a door that manually locks from the inside. To override the card reader, it is the user's responsibility to lock this manual lock while using the room.
- If the manual lock is shown as 'occupied', a user must wait until the room becomes available.
- One user in the room at one time.
- Users are responsible for cleaning up after themselves, including wiping down surfaces and disposing of trash within the trash receptacle.
- A refrigerator is available within the room. The use or storage within is at the user's sole risk. Nothing shall be left in the refrigerator overnight. Landlord has the right to discard anything left within the room or refrigerator on a nightly basis.
- Landlord will not be responsible for any lost or damaged items.
- Any damage to electrical outlets, the room, or fixtures should be reported immediately to the property management office or a work order submitted.
- Personal items or supplies may not be stored in the room. Users must remove personal items once they are done using the room.
- Food should not be consumed in the room.

Prohibited Uses

- The Mother's Room may not be used as a private office or meeting room.
- The Mother's Room should not be used for napping, phone calls, or general break use.
- The Mother's Room may not be used for storage space.

Agreed: _____

Print Name: _____ **Date:** _____

POINTE O'HARE

MOTHER'S ROOM ACCESS REQUEST FORM

Please return completed form to the management office.

Name: _____

Company: _____ Suite #: _____

Work/Cell #: _____

Email: _____

Supervisor/Manager Name: _____

ACCESS DETAILS

Requested Start Date for Access: _____

Expected Duration of Need:

- Less than 3 months
- 3–6 months
- 6–12 months
- Other: _____

Preferred Frequency of Use (estimated):

- 1–2 times per day
- 3–4 times per day
- Other: _____

Landlord Use Only

Access Card Authorization Modified by: _____

Card Number: _____ Date: _____

Date Request Received: _____

Approved By: _____

Date Access Provided On: _____