Condominium Amenities Use Agreement Park Tower Condominium Association 5415 North Sheridan Road, Chicago, IL 60640 (the "Association")

Whereas, the undersigned Owner or Resident or Health Club Member of the Association desires a grant of access to portions of the common areas of Association related to certain amenities of the condominium (the "Amenities") which were previously closed in conjunction with Governor Pritzker's Stay at Home Order issued in response to the COVID – 19 pandemic. In accordance with the Governor's plan to Restore Illinois, the Association shall provide a grant of access to the Amenities and, in consideration of such grant of access, the undersigned Owner or Resident or Health Club Member expressly agrees as follows:

Owner or Resident or Health Club Member hereby acknowledges that he/she has been granted access to the Amenities during a time of the pandemic, which by its nature contains certain hazards and dangers which are currently ongoing.

Owner or Resident or Health Club Member acknowledges that he/she voluntarily assumes all risks and dangers incidental to such entry to and use of the Amenities, and waives all right of claim or cause of action against the Association and its managing agent, The Habitat Company LLC ("Habitat"), for any injuries or damages incurred in the course of or as a result of the use of such Amenities and the exercise of such grant of access by the Association and/or Habitat.

To the fullest extent permitted by law, Owner or Resident or Health Club Member agrees to indemnify, defend, and hold harmless the Association and Habitat from any and all claims, suits, actions, demands, damages, liability, losses, costs, and expenses, including attorney fees, which arise out of or, are claimed to arise out of, injuries to the undersigned, or damage to property, including loss of use thereof, the occurrence of which in any way relates to the presence of Owner or Resident in such common areas of the Association and use of the Amenities under such a grant of access.

AGREED AND ACCEPTED:

Owner or Resident or Health C	lub Member:
Signature	Owner or Resident (Circle One)
	Address:
	Unit No.:
Print Name	Date