

**BICYCLE STORAGE FACILITY  
WAIVER AND RELEASE**

I, \_\_\_\_\_, hereby state and acknowledge the following on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

1. I am an on-site employee of \_\_\_\_\_, a tenant in suite \_\_\_\_\_ of the building located at *655 15<sup>th</sup> Street NW, Washington, DC* (the “Building”) and am hereby authorized by my employer to use the bicycle room located at the P1 level of Metropolitan Square (the “Facilities”) on G Street.
2. I will not invite, encourage, or allow the use of the facilities by any other person.
3. I assume full responsibility for my use of the Facility at my sole risk and shall abide by the rules and regulations for the use of the Facilities.
  - a. The bicycle room is located on P1 level and is accessible from G Street garage entrance.
  - b. Tenants should use the G Street entrance to the garage to access bike storage facility by walking down the garage entrance ramp. Riding down the ramp is prohibited for the safety of the biker. The use of any other entrance is prohibited.
  - c. Tenants are prohibited from bringing bicycles through the atrium, elevator lobbies or onto any passenger elevator within the building.
  - d. Access to the Bicycle Room will require an authorized Datawatch fob and will be available to all building tenants on a 24-hour/ 7 days a week basis.
4. I, for myself, my heirs and representatives, hereby release, discharge, and hold harmless Metropolitan Square Associates, Boston Properties, Inc., their respective employees and agents and their respective successors, assigns and heirs from any and all claims injury of loss to my person and/ or properties of others caused by negligence.
5. I, for myself, my heirs and representatives, hereby waive any claim I may have or right or action against the Building Owner, Boston Properties, Inc., their respective employees and agents and their respective successors assigns, and heirs arising from any occurring in the Facilities or resulting in any manner from the use thereof.

EMPLOYEE SIGNATURE:

Printed Name:

\_\_\_\_\_

\_\_\_\_\_

Access Control Key # : \_\_\_\_\_

Company : \_\_\_\_\_