



Please Return to:
Shorenstein Realty Services
 5335 Meadows Road, Suite 275
 Lake Oswego, OR 97035
 Phone: (503) 619-3200
 Fax: (503) 619-3210

Building Access Card Agreement

Please thoroughly complete this form, including all appropriate signatures prior to submitting for processing.

COMPANY NAME		PHONE #	
BUILDING & SUITE #		FAX #	
CARD HOLDER NAME	Male _____ Female _____		

<i>Check box for new card</i>	<i>or</i>	<i>Enter card # to reassign</i>	<i>or</i>	<i>Enter lost card #</i>
NEW CARD		REASSIGN CARD #:		LOST CARD #:

VEHICLE INFORMATION			
YEAR	MAKE & MODEL	COLOR	LICENSE NUMBER

Please check all that apply

BUILDING	Building Access	Health Club Access	Garage Parking (monthly charge applies)
4000 Kruse Way Place			N/A
4004 Kruse Way Place		N/A	N/A
4500 Kruse Way (Kruse Way Plaza I)		N/A	N/A
4550 Kruse Way (Kruse Way Plaza II)		N/A	N/A
4800 Meadows Rd.		N/A	
4900 Meadows Rd.		N/A	N/A
4949 Meadows Rd.			
5000 Meadows Rd.		N/A	N/A
5005 Meadows Rd. (Kruse Woods III)		N/A	
5285 Meadows Rd. (Kruse Woods I)			
5300 Meadows Rd. (Kruse Oaks I)		N/A	
5400 Meadows Rd. (Kruse Oaks II)		N/A	
5335 Meadows Rd. (Kruse Woods II)			
5665 Meadows Rd. (Kruse Woods IV)		N/A	
5800 Meadows Rd.		N/A	
5885 Meadows Rd. (Kruse Woods V)		N/A	
6000 Meadows Rd.		N/A	

AGREEMENT & WAIVER OF LIABILITY FOR HEALTH CLUB USE

The undersigned acknowledges and agrees to be bound by all Rules and Regulations now or hereafter adopted by Landlord, its successors or assigns (collectively, "Landlord") and agrees to use the Health Club at his/her own risk. The undersigned assumes all risk of injury, damage or loss, and shall hold Landlord harmless from and indemnify and defend Landlord against all claims, liabilities, damages, liens and expenses (including, without limitation, attorney's fees whether or not suit shall be brought) arising directly or indirectly from any use of the Health Club by the undersigned, guests or invitees of the undersigned, or any third party gaining access to the Health Club by means of the undersigned's key.

The undersigned understands that the use of the Health Club facilities may involve strenuous physical exertion and that a medical check-up is advisable before participating in any fitness program. The undersigned represents him/herself to be in good physical condition and to have no disability, impairment or ailment preventing participation in the use of the Health Club. The undersigned recognizes and appreciates the danger of physical stress, strain or injury (including cardiac arrest and abnormalities of blood pressure or heart rate) as a result of any physical fitness program. The undersigned understands and acknowledges that a fitness expert or any other health authority does not staff the Health Club.

Should any provision of this agreement and waiver be determined to be invalid or unenforceable, it shall be deemed severed from this agreement and waiver, and such invalidity or unenforceability shall not affect the remaining provisions of this agreement and waiver which shall remain in full force and effect.

Signature of Cardholder _____
Date

Please sign below to authorize Shorenstein Realty Services to process this access card request as stated above.
AUTHORIZED SIGNATURE OF COMPANY REPRESENTATIVE:

Signature _____
Date

Shorenstein Realty Services use only: Card #:	Date Issued:	By:	Comments:
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