

# MALL WALKER PROGRAM STATEN ISLAND MALL

NAME: \_\_\_\_\_  
(last) (first) (initial)

STREET ADDRESS: \_\_\_\_\_  
(number/street)

\_\_\_\_\_  
(city) (state) (zip)

In case of emergency notify:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

I recognize the risks of illness and injury inherent in any exercise program and the risk in participating in the Mall Walker Program due to the fact that such a program will be conducted during non-mall hours at which time cleaning, construction and other activities may be conducted by Mall management, tenants or contractors.

I understand that the property may not have sufficient security, lighting, and other amenities generally found in shopping centers/malls during mall business hours and nevertheless agree to participate and assume all risk, attendant thereto.

I am participating in the Mall Walker Program upon the express agreement and understanding that I am hereby waiving and releasing General Growth Properties, Inc., GGP Limited Partnership “and their Directors, Officers, Direct and Indirect Members, Partner, Employees, Agents, Subsidiaries and Affiliates, as previously, currently or hereafter exist as their ownership interest may appear” from any and all claims, costs, liabilities, expenses or judgements, including attorney fees and court costs (herein, collectively “claims”) arising out of my participation in the Mall Walker Program or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless General Growth Properties, Inc., and Staten Island Mall.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

