



Fitness & Sports Center Statement of Understanding (SOU) for use of the Fitness Access Program

Print Name: _____ CAC Expiration Date: _____
DEOMI Finish Date: _____

Compliance with these rules is mandatory.

I understand and agree that my access to the Fitness & Sports Center during unmanned operations is a privilege which may be revoked immediately for any violation of the rules or this SOU. As a Common Access Card (CAC) holder, I agree to abide by all Fitness & Sports Center rules and this SOU for the Fitness Access Program. Fitness Access rules will be posted which may be amended as required.

PARAGRAPH 1. PATRICK/CCAFS RULES DURING UNMANNED OPERATIONS:

- I understand there is no supervision or assistance during unmanned operations, and you expect good order and discipline. I will exercise reasonable care, and obey all posted rules and instructions, including the instructions on the fitness equipment regarding safe usage. The 45th Space Wing highly recommends the wingman policy which can be obtain by contacting your squadron leadership.
Only Common Access Card (CAC) holders who have registered for access will have permission to use the Fitness & Sports Center during unmanned operations. Guests are strictly prohibited.
I will ensure that upon gaining entry to or when leaving the facility, the door closes securely behind you. All other doors MUST remain closed except in case of an emergency.
Off limit areas during the Fitness Access hours will include: Outdoor Sports Complexes, Saunas, Administration Offices, Parent Child Area, Aerobics Rooms.
Cameras will closely monitor activities within and around the Fitness & Sports Center.
In the event of an emergency, the Shelter-in-Place is the female locker room.

PARAGRAPH 2. PROPERTY:

I understand that the United States Government, the United States Air Force, Patrick AFB/CCAFS, all administrative subdivisions and agencies thereof, and the respective personnel and employees thereof are not responsible for any of my personal property that is damaged, lost or stolen while in or around the Fitness Center. I understand and agree that I will be held liable for all damage I cause to the equipment or physical infrastructure of the Fitness & Sports Center.

PARAGRAPH 3. ASSUMPTION OF RISK OF INJURY AND WAIVER OF CLAIMS:

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling. In the event I am injured while at Fitness Center during unmanned operations, I will hold harmless the United States Government, the United States Air Force, Patrick AFB, Cape Canaveral AFS of any administrative subdivision or any agency thereof, and the respective personnel and employees thereof from all claims of any sort for damages or for other relief. I understand and agree that the Fitness Center will be unsupervised and that no personnel will be on site to help me use the equipment or exercise in the manner that I choose. I acknowledge there are possible dangers connected with any physical activity (to include physical injury or death) and knowingly and voluntarily waive my rights to make legal or equitable administrative subdivisions or agencies thereof and the respective personnel and employees thereof. This assumption of risk and waiver of liability applies to my family members and successors.

PARAGRAPH 4. PRE-EXISTING MEDICAL CONDITIONS:

I represent that I am in good physical health and have no symptoms, medical conditions, impairments, or diseases that may be aggravated, worsened, or induced by my use of the Fitness & Sports Center during unmanned operations. If I have any health or medical concerns now or after I register, I will immediately discontinue use of unmanned operations until I am cleared for physical activity by a competent medical physician. I agree not to engage in any use of the Fitness & Sports Center that will result in self-injury or adversely affect my health or safety.

PARAGRAPH 5. EMERGENCY INFORMATION:

In the event of an emergency I certify that I have been briefed the telephone response number and the locations of the automated external defibrillator (AED) and the procedures used by the Fitness & Sports Center.

By signing this form I certify that I will comply with all rules, procedures and acknowledge that the facility is free of liability and monitored by surveillance cameras as I workout at my own risk.

Print Name: _____

Signature: _____ **Date:** _____

Witnessed by

Fitness Center Staff: _____

Signature: _____ **Date:** _____

