

Travis AFB Fitness & Sports Center Fitness Access Statement of Understanding (SOU) and Waiver/Assumption of Risk Form

*** Read and initial each line ***

_____ *I understand and agree that my access to the Fitness & Sports Center (FSC) during unmanned hours is a privilege* which can be retracted for not abiding this SOU/form.

_____ All current authorized patrons must be at least 18 years old (17 years old if Active Duty) and required to register for Fitness Access. Authorized patrons is defined by AFI 34-101, *Air Force Morale, Welfare, and Recreation (MWR) Programs and Use Eligibility* and approved by the installation Commander.

_____ To register, I will use my Common Access Card (CAC) and sign this SOU/form before using Fitness Access.

_____ Retirees and authorized dependents will receive a Fitness Access card and will also complete this SOU/form. Lost Fitness Access cards will be replaced at the cost of the member.

_____ As the sponsor, I am responsible for the conduct of my dependents. All dependents must be at least 18 years old. Violators will result in loss of privileges.

_____ I am not permitted to have unregistered guests in the facility during unmanned hours.

_____ There will be no supervision or assistance during unmanned hours and I am expected to behave in accordance with military rules and standards.

_____ I will swipe my CAC/Fitness Access card for each entry.

_____ I will ensure that the door closes securely following my entry. Holding or propping the door open is strictly prohibited and will result in the loss of my privilege. All other doors WILL remain closed unless needed for emergency.

_____ Sharing my CAC/Fitness Access card is considered theft of services and will be prosecuted IAW the UCMJ.

_____ Surveillance cameras will record activities within the fitness center during unmanned hours.

_____ Areas not available for use will be locked or clearly marked as restricted/closed. Locked and restricted areas, include and are not limited to; Fitness Assessment Cell (FAC) room, all staff offices, gym II storage room, HAWC offices/hallway, and all cleaning closets.

_____ I am solely responsible for my personal property. Therefore if theft or loss of personal property occurs I understand that the Fitness Center and its employees are not responsible for compensating me for it or reporting it.

_____ I will report any misuse, abuse or violations to Security Forces.

_____ To mitigate risk of injury, I will identify and assess potential risks before engaging in any exercise activities and will utilize a wingman if necessary.

_____ I understand that it is recommended that I have one Wingman with me at all times.

Travis AFB Fitness & Sports Center Fitness Access Statement of Understanding (SOU) and Waiver/Assumption of Risk Form

_____ I understand it is highly recommended not to exercise above my training limits and experience. Therefore I will ask for assistance when I need it or utilize an assisted machine.

_____ I understand in case of any emergency, there are two available phones located across from the staff office and corner of gym II hallway/weight room.

_____ To report any issues with the facility, use the phone located across from fitness staff office, i.e. room temperature, burned out lights, broken doors or windows, etc.

_____ In the event of natural disaster, major accident, and chemical, biological, radiological, nuclear and explosive weapons (CBRNE) incident, I will follow the published procedures.

_____ Violation of this SOU and Waiver/Assumption of Risk Form could result in loss of access privileges and subject me to further discipline or lawful actions.

_____ **I understand that using the fitness center during unmanned hours presents a serious risk of injury or death. I understand that when using the fitness center after hours, it is likely that no one will be available to come to my aid should I need it. I assume this risk and agree to hold the Travis Air Force Base, the fitness center, and all agents harmless for any injury to person or property that arises out of or is related to my use of the fitness center during unmanned hours.**

_____ I understand that the procedures outlined in this SOU are for my protection and the protection of others. I acknowledge that I understand the policies and procedures outlined in this SOU/Assumption of Risk. I agree to indemnify the Travis Air Force Base, the fitness center, and all of its agents against any suit resulting from or related to my violation of any of the terms in this agreement.

_____ I am ☐ / am not ☐ familiar with how to *safely* operate all fitness equipment available during unmanned hours. If not, an equipment orientation is required before using facility after-hours.
Orientation Date: _____

_____ I am ☐ / am not ☐ familiar with Emergency/Safety Zone/Emergency procedures/information, Phone, Automated External Defibrillator (AED), first aid kit with instructions. If not, an orientation is required before using the facility after-hours.
Orientation Date: _____

_____ I certify that I have read and understand this SOU and Assumption of Risk form and am fully aware of the published procedures required to utilize the Travis AFB Fitness Center's Fitness Access program. I agree to abide by this agreement and will renew my access annually.

Rank/Name: _____ Unit: _____

For Dependents, Sponsor's Name/Unit: _____

Signature: _____ Date: _____

FSC Staff Member Signature: _____ Date: _____