



**Fitness Center Statement of Understanding (SOU) FOR USE OF Fitness Access Program**

**MILITARY OR CIVILIAN PATRICK AFB OR CCAFS**

**Print Name:** \_\_\_\_\_ **Squadron:** \_\_\_\_\_

**(CAC) Number:** \_\_\_\_\_ **CAC Expiration Date:** \_\_\_\_\_

**Compliance with these rules is mandatory.**

I understand and agree that my access to the Fitness Center during unmanned operations is a privilege which may be revoked immediately for any violation of the rules. As a CAC holder, I agree to abide by all Fitness Center rules for the Fitness Access Program. The Fitness Center will post the rules, which may be amended as needed at the discretion of the Patrick AFB Fitness Center Director.

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARAGRAPH 1. PATRICK AFB FITNESS CENTER RULES DURING UNMANNED OPERATIONS:**

- There will be no supervision or assistance during unmanned operations, and you are expected to behave in accordance with good order and discipline. You will exercise reasonable care, and obey all posted rules and instructions, including the instructions on the fitness equipment regarding safe usage. The 45<sup>th</sup> Space Wing highly recommends the wingman policy when using the Fitness Access Program.
- Only Common Access Card (CAC) holders who have registered with the Fitness Center for access during unmanned operations will have permission to use the Fitness Center during unmanned operations. Guests CANNOT attend with you during unmanned operations and is strictly prohibited.
- You 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 an emergency.
- Off limit areas are as follows during Fitness Access hours; Outdoor Sports Complex, Saunas' Admin offices, PCA, Aerobics Room.
- Cameras will closely monitor activities within and around the Fitness Center during Fitness Access. Actions such as theft, defacement or intentional damage to government property will be reported.
- In the event in an emergency the Shelter-in-place is the female locker room.

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARAGRAPH 2: DAMAGED, LOST OR STOLEN PROPERTY:**

I understand that the United states Government, the United States Air Force, Patrick AFB, 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

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and agree that I will be held liable for all damage I cause to the equipment or physical infrastructure of the Fitness Center.

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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.

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 intended use of the Fitness Center during unmanned operations. If I have any health or medical concerns now or after I register, I will immediately discontinue my use of the Fitness Center during 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 Center that will result in self-injury or adversely affect my health or safety.

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I certify that I was explain the emergency procedures and know the locations of the AED's located in the Fitness Center.**

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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