

# Seymour Johnson AFB Fitness & Sports Center

## Statement of Understanding (SOU) and Waiver/Assumption of Risk Form

**I understand and agree that my access to Fitness & Sports Center (FSC) during unmanned hours is a special privilege which can be taken away immediately for any violation of rules.**

- I understand that I must register my Common Access Card (CAC) and sign this SOU and Waiver / Assumption of Risk Form prior to participating in Unmanned Fitness Access.
- All personnel authorized to use Unmanned Fitness Access are responsible in reporting any misuse, abuse or violation to Security Forces or the FSC staff.
- The Fitness Center Director/designee has the right to terminate your privileges at any time without notice.
- **I am not permitted to have guests in the facility during unmanned hours.**
- I understand that no one under the age of 18 is allowed in the facility during after-hours (NOTE: this includes infants/small children).
- There will be no supervision or assistance during unmanned hours and I am expected to behave in accordance with military rules and standards. Violations will not be tolerated.
- Surveillance cameras will record activities within the FSC during unmanned hours.
- I am required to use the rear entrance for unmanned CAC-enabled access. **If I am already in the facility during closing, I must EXIT the facility and re-enter after “manned” closing.**
- **Holding or propping the door open is strictly prohibited and will result in the loss of my privilege. I will ensure that the door closes securely following my entry/exit.**
- All other doors WILL remain closed unless needed for an emergency
- Areas that are not available for use will be locked or clearly marked as restricted. \*Locked and restricted areas include but are not limited to, fitness offices, aerobics room, locker rooms, and saunas.
- In case of any emergency or need for assistance, please dial 911. To report any issues within the facility (HVAC, burned out lights, broken doors or windows, etc.) or other customers notify the fitness center, 722-0420.
- I will identify and assess potential risks before engaging in any activity and will try to exercise with someone or use cardiovascular and selectorized equipment to mitigate risk of injury.
- Additionally, I am highly encouraged to use the Wingman Concept if weight lifting (i.e. using a spotter if choosing to use free weights or assisting a fellow Airman who needs help). If a spotter is not available, a power cage WILL be used) Additionally, I understand it is highly recommended not to exercise above my training limits and experience.
- Seymour Johnson AFB and Fitness Center is NOT responsible for my personal property.
- In the event of severe weather, Natural Disaster, Major Accident and Chemical, Biological, Radiological, Nuclear and Explosive weapons incident I will proceed to the alternate Shelter-in-Place location (Parent Child Area Restroom and/ or Racquetball Courts) until the severe weather has passed and use the Wingman Concept to help others.
- In the event of a power outage, the facility will close immediately and I am to gather my belongings, exit the building promptly and use the Wingman Concept to help others.
- **I will renew my access every two years from the month of registration.**
- Violation of this SOU and Assumption of Risk could result in loss of my privileges and subject me to further disciplinary actions.
- EXPIRATION DATE: \_\_\_\_\_

I am <input type="checkbox"/> / am not <input type="checkbox"/> familiar with how to <i>safely</i> operate all fitness equipment available during unmanned hours. If not, an equipment orientation is required before using facility after-hours.	Orientation Date:
An orientation is required for the Emergency / Safety Zone / Emergency Procedures / Information, Phone, Automated External Defibrillator (AED), First Aid Kit with Instructions.	Orientation Date:

Rank/Name				Unit	
Duty #		Email			

For NON CAC and or Dependents					
Name					
Email		Phone #			
Sponsor Rank/Name				Sponsor Unit <small>(If Retired; n/a)</small>	
Sponsor Duty # <small>(If Retired; cell/home)</small>		Sponsor Email			
Proximity Card Number					
	<b>***NOTE***</b> Before you PCS or leave Seymour Johnson AFB, you are required to return this proximity card to the Fitness Center.				

I certify that I have read and understand this SOU and Assumption of Risk Form and I am fully aware of the published procedures and Fitness & Sports Center Operational and Emergency Procedures required to utilize the Seymour Johnson AFB After Hours Fitness Access Program and I will abide by this agreement.

User Signature:

Date:

FSC Staff Signature:

Date: