



Dyess AFB Fitness & Sports Center

Statement of Understanding (SOU) & Waiver/Assumption of Risk Form

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

I understand that:

- I will register my Common Access Card (CAC) and sign this SOU and Waiver/Assumption of Risk Form prior to participating in Fitness Access. Members without CACs will require a Fitness Access card and will also sign this Waiver/Assumption of Risk Form.
- **Active Duty (AD) military, Guard/Reserves members, dependents of authorized users 18 years and older, DoD/NAF civilians, and retirees may have access to the FSC during unmanned hours and are responsible to report any misuse, abuse or violations to Security Forces or the FSC staff.**
- **As an Active Duty, Reserve/National Guard member, DoD/NAF civilian, dependent over the age of 18, or retiree I am highly encouraged to use the Wingman/Buddy policy while working out. Mask required when spotting. A spotter is required when using free-weight bars. 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. Initial _____**
- **I am not permitted to have 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. **Surveillance cameras will record activities within the FSC during unmanned hours.** Violations will not be tolerated.
- I will be required to swipe my CAC/Fitness Access card for entry. If I am already in the facility when it closes, I will exit the facility and swipe back in for accountability. **Card sharing is strictly prohibited and will result in immediate loss of privilege.** Sharing my CAC/Fitness Access card is considered theft of services and will subject users to prosecution.
- **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. All other doors WILL remain closed unless needed for an emergency.**
- Areas that are not available for use will be locked and clearly marked as restricted. Locked and restricted areas include but are not limited to: **front desk, staff offices, Health Promotions/Physical Therapy, saunas, parent/child room, and pool.** These areas will be monitored with closed circuit cameras during unsupervised Fitness Access periods.
- There may not be anyone on site to respond to an emergency situation. However, in case of any emergency or need for assistance, an emergency phone is located at the window of the front desk and will be used to report any emergencies, issues with the facility (HVAC, burned out lights, broken doors or windows, etc.) or issues with other customers. An after-hours comment box is also available at the front desk to submit issues or suggestions.
- 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.
- I am currently under no medical restriction from exercise. **Initial _____**
- In the event of natural disaster, major accident, Chemical, Biological, Radiological, Nuclear and Explosive weapons (CBRNE) incident, or severe weather I will follow the published procedures.
- In the event of a power outage, the facility will close immediately and I am to gather my belongings, promptly exit the building, and assist other users if needed.
- Violation of this SOU and Assumption of Risk could result in loss of privileges and subject users to prosecution. **Initial _____**

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.

Initial _____

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: _____

Equipment/Safety Orientation & Operational/Emergency Procedure Checklist

ASSUMPTION OF RISK OF INJURY AND WAIVER OF CLAIMS: I assume all risk of injury and waive all rights to pursue money damages or any other relief of any kind as a result of injury or other loss occurring at or near Dyess AFB Fitness Center. In the event I am injured while at the Dyess AFB Fitness Center, I will hold harmless the United States Government, the United States Air Force, Dyess AFB, any administrative subdivision or agency thereof, and the respective personnel and employees thereof from all claims of any sort for damages or for other relief. I understand and acknowledge that the Fitness Center will be unsupervised and that no military personnel or other employees will be on site to help me use the equipment or exercise in the manner that I choose to exercise. I acknowledge there is possible danger connected with any physical activity (including the dangers of physical injury and death) and knowingly and voluntarily waive my right to make legal or equitable claims of any sort against the United States Government, the United States Air Force, Dyess AFB, any administrative subdivision or agency thereof and the respective personnel and employees thereof. This assumption of risk and waiver of liability applies to my family members, successors, heirs and assigns.

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 Dyess Fitness Center after hours Fitness Access program. I agree to abide by this agreement and understand that I must renew my access annually if I wish to continue using the Fitness Center during unmanned hours.

Initials _____ Date _____

Fitness Access Card Statement of Understanding

I acknowledge that I have been issued a Fitness Access card that I can use to access the FSC during unmanned hours.

I understand that in the event that my Fitness Access card gets lost or stolen, I am required to notify the FSC Front Desk staff so my card can get deactivated immediately. **Replacement cards are available at the FSC Front Desk for purchase.**

Initials _____ Date _____

Violation Consequences

- Authorized users may be prosecuted in accordance with the severity of a violation at any time. Additionally, any violation of these rules will result in a loss of privileges depending on the severity of the offense and/or the number of offenses: _

First offense: 90 day suspension | Second offense: 180 day suspension | Third offense: Permanent suspension
(Suspensions do not excuse AD members from participating at the Fitness Center during unit/organized PT)

Initials _____ Date _____

Operational and Emergency Procedure Checklist

- The Dyess Fitness Center Emergency Telephone is located at the front desk window.
- Emergency contact information:
 - Security Forces/Fire Department: 696-2131
 - Emergency Room: 911
 - Fitness Center Manager: 603-793-4122
- In the event of a CBRNE incident, natural disaster, major accident, or severe weather, the immediate shelter is located in the Fitness Assessment Cell (FAC) during hours of operation and the locker rooms during unmanned hours.

I have been briefed on the Fitness & Sports Center Operational and Emergency Procedures.

Rank/Name: _____ Unit: _____

For Dependents, Sponsor's Name/Unit: _____

Signature: _____ Date: _____

FSC Staff Member Signature: _____ Date: _____