

**Seymour Johnson AFB Fitness & Sports Center Statement of Understanding (SOU)  
and  
Waiver/Assumption of Risk Form**

***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 by this SOU.

I understand:

- I will register my Common Access Card (CAC) and sign this SOU and Waiver/Assumption of Risk Form prior to participating in Fitness Access.
- Only Active Duty military, Guard and Reserves will have access to the Fitness Center during unmanned hours and are responsible to report any misuse, abuse or violations to Security Forces or the FSC staff. All personnel must register their CAC at the Fitness Center to have access.
- 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.
- 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.
- 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. Sharing my CAC/Fitness Access card is considered theft of services and will be prosecuted IAW the UCMJ. 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 and are not limited to, locker rooms, fitness offices, upstairs cardio room, functional fitness area and saunas
- 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 in the back cardio area and will be used to report any issues with the facility (HVAC, burned out lights, broken doors or windows, etc.) or other customers.
- 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.
- That Seymour Johnson AFB 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) until the severe weather has passed and use the Wingman Concept to help each other out.
- 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 each other out.
- Violation of this SOU and Assumption of Risk could result in loss of my privileges and subject me to further discipline.

Attachment 4

**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: \_\_\_\_\_**

**An orientation is required for the Emergency/Safety Zone/Emergency procedures/information, Phone, Automated External Defibrillator (AED), first aid kit with instructions.  
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 Seymour Johnson AFB, Fitness Center, after hours Fitness Access program. I agree to abide by this agreement and will renew my access annually.

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

Rank/Name: \_\_\_\_\_ Unit: \_\_\_\_\_

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

FSC Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_