

US Army Garrison Hawaii (USAG-HI) Statement of Understanding (SOU) & Compliance of Rules During Unmanned Hours

READ CAREFULLY—THIS AFFECTS YOUR LEGAL RIGHTS

I understand and agree that my access to USAG-HI Physical Fitness Centers (PFC) during unmanned hours is a privilege governed by this SOU. I agree to abide by the terms and conditions of this SOU. I understand that failure to comply with the SOU will result in revocation of access privileges during unmanned hours.

Please Print:

NAME: _____ RANK: _____ DOB: _____

PHONE #: _____ UNIT/ORGANIZATION: _____

COMMANDERS NAME/EMAIL (AD ONLY) _____

EMAIL: _____

DOD ID#: _____ EXPIRATION DATE: _____

TODAY'S DATE: _____ ACCESS EXPIRATION DATE: _____

By my initials below, I express my understanding of, and agreement to the following:

1. _____ I will register my Common Access Card (CAC) and sign this form prior to accessing the PFC during unmanned hours.
2. _____ Surveillance cameras will be recording activities within the facility during unmanned hours. Actions such as theft, defacement or intentional damage to government property, sexual assault, inappropriate sexual behavior, and any violation of rules will not be tolerated and are subject to punishment. Violation of the rules will result in loss of privileges and individuals will be subject to the Uniform Code of Military Justice (UCMJ) and prosecution.
3. _____ All military ID cardholders may access the PFC during unmanned hours. By accessing the facility, I agree to report any misuse, abuse or violations of the PFC policies to the Military Police and/or the fitness center staff.
4. _____ For my safety and security, I must ensure that the door closes securely following entry and exit. All other doors WILL remain closed unless needed for an emergency.
5. _____ As a valid ID cardholder I will not allow any other person to access when I enter. "Piggybacking" is prohibited and will result in the loss of privileges for both parties. I am not permitted to have guests and non-registered users in the facility during unmanned hours.
6. _____ There will be no supervision or assistance during unmanned hours and I am expected to behave in accordance with military rules, standards and the PFC SOP.
7. _____ I will swipe my military ID/CAC card for entry and my entry will be logged in the Fitness Center database. If I am in the facility when manned operating hours begin, I will exit the facility and swipe back in for accountability.

8. ____ If I get a new ID/CAC I will bring it to the PFC during normal operating hours to have the barcode updated in the system or I will not have access.
9. ____ Holding or propping the door open is strictly prohibited and will result in immediate loss of my privilege. Sharing my CAC/ID card is considered theft of services from USAG-HI and will be prosecuted.
10. ____ Areas that are unavailable for use will be locked or clearly marked as restricted.
11. ____ Equipment must remain inside the fitness center and will not be taken outside of the facility under any circumstances. Any broken equipment must be logged in the binder provided at the front desk.
12. ____ I will identify and assess potential risks before engaging in any activity and will take reasonable precautions to mitigate risk of injury, including exercising with someone or using cardiovascular and selectorized equipment. **Patrons are highly encouraged to use the buddy system.**
13. ____ I will only perform bench presses using safety straps/bars at the appropriate height.
14. ____ It is highly recommended not to exercise above my training limits and experience.
15. ____ I will re-rack all weights when I have completed my workout.
16. ____ I will use fitness equipment for its intended use. Do not use accessory attachments that are not recommended as such attachment might cause injuries.
17. ____ USAG-HI PFC is not responsible for my personal property.
18. ____ Patrons who are working out when the facility closes must exit the facility and swipe back in to continue their workout.
19. ____ All normal rules for proper dress, machine usage (including wiping down equipment after use) and etiquette remains in effect.
20. ____ In the event of a Natural Disaster, Major Accident, or active shooter, I will execute lockdown or evacuation procedures immediately, whichever is warranted for the incident at hand. The highest ranking member will take charge during lockdown situation and proceed to contact his/her UCC for further instruction.
21. ____ In the event of a power outage I will gather my things and exit the facility immediately.
22. ____ Access during unmanned operations will be granted for twelve (12) months at a time. At that time it will be required to visit the front desk during normal business hours for reactivation for another 12 months. The Fitness Center Manager has the right to terminate your privileges at any time without notice.
23. ____ Violation of this SOU and Assumption of Risk will result in loss of my privileges during unmanned hours and subject me to further discipline.
24. ____ I understand that the PFC does not provide supervision, instruction, or assistance for the use of the facilities and equipment during unmanned hours.
25. ____ I agree to comply with all rules imposed by the PFC regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

26. _____ I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.
27. _____ I understand and agree that the PFC is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.
28. _____ **PRE-EXISTING MEDICAL CONDITIONS.** I represent that I am in good physical health and have no symptoms, medical conditions, impairments, or diseases that might be aggravated, worsened, or induced by my intended use of the PFC. If I have any health or medical concerns now or after I register, I will immediately discontinue my use of the fitness center until I am cleared for physical activity by a physician. I agree not to engage in a use of the fitness center that will result in self-injury.

ASSUMPTION OF RISK OF INJURY AND WAIVER OF CLAIMS:

In consideration of access to the PFC and use of exercise and facilities provided by the PFC, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the PFC, United States Army and United States Government, and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of the PFC. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge the PFC, United States Army and United States Government, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities. I expressly agree to indemnify and hold the PFC, United States Army and United States Government harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me. I agree to be solely responsible for safety and well-being of myself.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTE THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

SIGNATURE: _____ DATE: _____

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 received an orientation from a fitness center staff member regarding emergency procedures/ information, phone usage, Automated External Defibrillator (AED) and first aid kit with instructions. Orientation Date: _____

PFC Staff Member Signature: _____ Date: _____

Staff Member Name: _____

**COMMANDING OFFICER AGREEMENT
(E4 and below)**

Access to the PFC during unmanned hours is a privilege and comes at a risk. I reviewed the rules and regulations mentioned in this SOU with the Service Member requesting access. I understand that violation of the rules will result in loss of privileges and individuals will be subject to the Uniform Code of Military Justice (UCMJ) and prosecution.

NAME (PRINT): _____ DATE: _____

RANK: _____ EMAIL: _____

SIGNATURE: _____

**ACTIVE DUTY AGREEMENT
(Dependents of AD Service Members)**

Access to the PFC during unmanned hours is a privilege and comes at a risk. I reviewed the rules and regulations mentioned in this SOU with my family member requesting access. I understand that violation of the rules will result in loss of privileges to my family member and myself.

NAME (PRINT): _____ DATE: _____

RANK: _____ EMAIL: _____

SIGNATURE: _____

Operational and Emergency Contact Information

Land line Emergency situations call 99-911

Military Police	COMM: 808 438-7114
Fire Department	COMM: 911
Sharp Hotline	COMM: 24-hour SHARP Hotline at (808) 655-9474, DoD Safe Helpline 877-995-5247

Address Location:

Fort Shafter Physical Fitness Center
170 Chapple Road
Building 665
Fort Shafter, HI 96858

Martinez Physical Fitness Center
1476 Kolekole Ave
Building 488
Schofield Barracks, HI 96857