

**PETERSON SFB FITNESS CENTER STATEMENT OF UNDERSTANDING (SOU)**  
**Rules during Unmanned Hours for DoD ID Cardholders 18 years & older**

Active Duty  Guard  Reserves  Retired  Contractor  DoD Civilian

Dependent  (If Dependent: AGE: \_\_\_\_\_ DOB: \_\_\_\_\_)

Print Rank/Name: \_\_\_\_\_ Squadron: \_\_\_\_\_

Sponsor's Rank/Name (Dependents Only): \_\_\_\_\_

Telephone: \_\_\_\_\_

**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 DoD ID cardholder, I agree to abide by all Peterson SFB Fitness Center rules for unmanned operations. The Fitness Center will post the rules, which may be amended as needed at the discretion of the Peterson SFB Fitness Center Director.

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

**PARAGRAPH 1. PSFB FITNESS CENTER RULES DURING UNMANNED OPERATIONS:**

- Only members who have registered with the Fitness Center for access during unmanned operations will have permission to use the Fitness Center during unmanned operations.
- **Sharing (piggy-backing) Fitness Center access during unmanned operations is strictly prohibited.**
- You will swipe your access card once for entry using the card reader. If you are already in the facility when it closes, you will exit the facility and swipe back in for after-hours accountability.
- **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.
- There will be no supervision/assistance during unmanned operations. You are expected to behave in accordance with good order and discipline. You will exercise reasonable care and obey all posted rules and instructions.
- **The use of the "Buddy System" is HIGHLY RECOMMENDED; therefore, individuals SHOULD have at least one authorized workout partner with them.**
- In the event of severe weather, use the Wingman Concept to help each other. Members will proceed and help others to the Shelter-in-Place location (Area behind racquetball area to include restrooms.) Remain there until it is safe to leave.
- In the event of a natural disaster, major accident, or CBRNE incident, follow the published procedures.
- In the event of a power outage, the facility will close immediately. Members must gather their belongings and exit the building promptly unless dangerous conditions exist outside.
- You must be familiar with how to safely operate all fitness equipment. If you feel uncomfortable with your knowledge of fitness equipment, equipment orientations are available upon request. (During manned operations)
- Cameras will monitor activities within and around the Fitness Center during unmanned operations. Actions such as theft, defacement or intentional damage to government property will be reported.
- If you become injured or have a medical emergency, there will most likely not be anyone on site to respond to your emergency. If you need assistance, emergency phones and phone numbers are located by the main entrance.
- Security Forces will conduct periodic health and welfare checks of the fitness facility after hours.
- Violation of the rules may result in the loss of fitness access privileges and Military members are subject to the UCMJ. The Fitness & Sports Center Manager and Sustainment Services Flight Commander have the right to terminate your privileges based on the severity, type, and recurrence of the violation.

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

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

I understand that the United States Government, the United States Air Force, Peterson SFB, all administrative subdivisions, respective personnel and employees are not responsible for any of my personal property that is damaged, lost, or stolen while in or around the Peterson SFB Fitness Center. I understand and agree that I may be held liable for all damage I cause to the equipment or physical infrastructure of the Peterson SFB Fitness Center.

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

**PARAGRAPH 3: 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 relief of any kind as a result of injury or other loss occurring at or near Peterson SFB Fitness Center. In the event I am injured while at PSFB Fitness Center during unmanned operations, I will hold harmless the United States Government, the United States Air Force, Peterson SFB, any administrative subdivision or any agency, and the respective personnel and employees 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 military personnel or other employee will be on site to help me use the equipment or exercise in the manner that I choose to exercise. I acknowledge there are possible dangers connected with any physical activity (including the dangers of physical injury and death) and knowingly and voluntarily waive my rights to make legal or equitable claims against any administrative subdivisions or agencies, the respective personnel, and employees. This assumption of risk and waiver of liability applies to my family members and successors.

*Privacy Act -1974 as amended applies. This memo may contain personal information which must be protected IAW DoD 5400.11R, and it is For Official Use Only (FOUO)*

**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 Peterson SFB 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:** \_\_\_\_\_

**PARAGRAPH 5: SURVEILLANCE MONITORING:**

I understand that while at the Peterson SFB Fitness Center, I will be monitored and recorded by a CCTV system at all times. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Department of Defense, the U.S. Air Force, P-S Garrison and/or their directors, officers, employees, volunteers, representatives, and agents.

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

**PARAGRAPH 6: FITNESS ACCESS FACILITY ORIENTATION:**

I understand entry procedures, location of entry, accessible areas, emergency/safety center, and all emergency exits. I know the location of the emergency/safety center's emergency procedures/information, emergency phones, emergency phone numbers, Automated External Defibrillators (AEDs), and first aid kits.

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

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AGREE TO ALL OF THE TERMS AND CONDITIONS OF THIS STATEMENT OF UNDERSTANDING AND I SIGN IT OF MY OWN FREE WILL.**

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

*For Dependents Only:*

**Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Fitness Staff Member **Printed** Name/Date:

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Revised 6 June 2023