

**BUCKLEY SPACE FORCE BASE FITNESS CENTER STATEMENT OF UNDERSTANDING (SOU)
Rules during Unmanned Hours for Active Duty/Guard/Reserves, Civilians, Retirees, Contractors and
Dependents of Active Duty/Guard/Reserves/Retirees 18 years & older**

Active Duty/Guard/Reserves

Civilian/Contractor

Retiree

Dependent (Age: _____ DOB: _____)

Print Rank/Name: _____ **Unit (if applicable):** _____

Sponsor's Rank/Name (Dependents Only): _____

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

Initials: _____ **Date:** _____

PARAGRAPH 1. BUCKLEY SPACE FORCE BASE 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 Fitness Center access during unmanned operations is strictly prohibited.
- I will swipe my access card once for entry at the back door of the Fitness Center. If I am already in the facility when it closes, I will exit the facility and swipe back in for after-hours accountability.
- I will ensure that, upon gaining entry to or when leaving the facility, the door closes securely behind me. All other doors **MUST** remain closed except in the event of an emergency.
- There will be no supervision/assistance during unmanned operations. I am expected to behave in accordance with good order and discipline. I will exercise reasonable care and obey all posted rules and instructions.
- **The use of the "Buddy System" is HIGHLY RECOMMENDED but not mandatory while using the Fitness Center during unmanned operations.**
- 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 (restrooms). Remain there until it is safe to leave. Verify that it is safe to leave by contacting the 460 FSS UCC (847-6141/6181/4260) or the 460 SW Command Post (847-4600).
- In the event of a natural disaster, major accident, or CBRNE incident, I will follow the published procedures located in the emergency binder (located on shelf across from elevator).
- 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.
- I must be familiar with how to safely operate all fitness equipment. If I feel uncomfortable with my knowledge of fitness equipment, I will request equipment orientations to increase my familiarization.
- **It is HIGHLY RECOMMENDED to not do heavy lifting, intense High Intensity Interval Training (HIIT), or any other highly strenuous activity without a Wingman present.**
- 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 I become injured or have a medical emergency, there will most likely not be anyone on site to respond to my emergency. If I need assistance, an emergency phone is located downstairs (on shelf across from elevator).
- 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. The Fitness Center Director and Sustainment Services Flight Commander have the right to terminate my privileges based on the severity, type and reoccurrence of the violation.
- It is **HIGHLY RECOMMENDED to keep a mobile phone on my person in case of an emergency.**

Initials: _____ **Date:** _____

PARAGRAPH 2: DAMAGED, LOST OR STOLEN PROPERTY:

I understand that the United States Government, the United States Air Force, Buckley Space Force Base, 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 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 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 Fitness Center. In the event I am injured while at Buckley Space Force Base Fitness Center during unmanned operations, I will hold harmless the United States Government, the United States Air Force, Buckley Space Force Base, 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.

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 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 Fitness Center, I will be monitored and recorded by a Closed Circuit television 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 United States Air Force, the 460th Space Wing and/or their directors, officers,

employees, volunteers, representatives and agents. Actions such as theft, defacement, damage to government property, sexual assault and violations of Fitness Center rules will not be tolerated.

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:** _____

Print Name: _____

Phone Number: _____

Email Address: _____

For Dependents Only:

Sponsor's Signature: _____ **Date:** _____

Print Name: _____

Phone Number: _____

Email Address: _____