

Bellamy Fitness Center
Statement of Understanding (SOU) and
Waiver / Assumption of Risk Form

I understand and agree that my access to the Bellamy Fitness Center (BFC) during unmanned hours is a privilege which can be retracted for not abiding by this SOU. Providing my initials for each section acknowledges that I understand and agree with the following terms and conditions:

_____ All current authorized patrons defined by AFI 34-101, Air Force Morale, Welfare, and Recreation (MWR) Programs and Use Eligibility, approved by the Installation Commander, and over the age 18 (Active Duty can be age 17) may have access to the FSC during unmanned hours and are responsible to report any misuse, abuse or violations to Security Forces or the BFC staff.

_____ I am only permitted to sponsor my dependents under the age of 18 as guests during unstaffed hours. If sponsoring a dependent, I will adhere to all age restricted requirements IAW DAFI 34-114, Table 3.1. I acknowledge that I can be physically and financially responsible for any damages caused by my dependent or my lack of supervision of dependent in the facility.

_____ I have reviewed and acknowledged the memorandum regarding age restrictions IAW DAFI 34-114 and the Suspension Policy. BFC staff may utilize the facility during unstaffed hours in civilian attire. Should a member identify as BFC staff, their enforcement of policy should be adhered to.

_____ Surveillance cameras will record activities within the BFC during unmanned hours. Staff will review the film during the first duty day of the week. Those caught violating policy will be informed of their suspension of privileges.

_____ I will be required to swipe my CAC/Fitness Access card for entry. Friends/family members will need to also swipe their card for entry.

_____ Holding or propping the door open for other patrons to access is strictly prohibited and will result in the loss of my privilege. (No piggybacking allowed and those caught allowing others to piggyback will have accounts suspended)

_____ For safety and security, 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 or clearly marked as restricted. Indoor Pool, Aquatics, Saunas, and Steam Rooms at the BFC will be restricted during unmanned hours.

_____ In case of any emergency or need for assistance, an emergency phone is located in the main hallway and will be used to report any issues with the facility (HVAC, burned out lights, broken doors or windows, etc.) or issues with 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.

_____ A spotter or a power cage should be utilized during individual workouts. I understand it is highly recommended not to exercise above my training limits and experience.

_____ That Ellsworth Air Force Base is not responsible for my personal property. (Lockers are available at all hours)

_____ In the event of Natural Disaster, Major Accident, CBRNE incident or active shooter, I will execute lockdown or evacuation procedures, whichever is warranted for the incident at hand. The highest-ranking member will take charge during lockdown situations and proceed to contact his/her UCC for further instruction.

_____ Violation of the rules will result in the loss of privileges and potential disbarment from Fitness Center. Additionally, such misconduct by military members will be referred to the unit commander for potential disciplinary action.

_____ 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 the Bellamy Fitness Center. In the event I am injured, I will hold harmless the United States Government, the United States Air Force, Bellamy Fitness Center, 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 agree that the Bellamy Fitness Center will be unsupervised and that no personnel assigned to the Fitness Center 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 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, Bellamy Fitness Center, 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.

_____ DAMAGED, LOST OR STOLEN PROPERTY. I understand that the United States Government, the United States Air Force, Bellamy Fitness Center, all administrative subdivisions, and agencies thereof, and the respective personnel and employees thereof are not responsible for any of my personal property that is damaged, lost or stolen while in or around the Bellamy Fitness Center. I understand and agree that I am liable for all damage I cause to the equipment or physical infrastructure to the Bellamy Fitness Center.

_____ PREEXISTING 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 Bellamy Fitness Center. 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

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

SPONSOR Rank/Name: _____ Unit: _____ Phone: _____

Signature: _____ Email (legible): _____

FSC Staff Member Name/Signature/Date _____