Tyndall AFB Fitness & Sports Center
Fitness Access
Statement of Understanding (SOU)
And
Waiver/Assumption Form

Fitness Access is an Air Force Initiative to provide Airman the ability to utilize the Fitness Center at times that are convenient to them. This program allows authorized patrons to use portions of the facilities outside normal hours of operation.

Please check each box as an indication of your understanding of the following rules as they apply to The Fitness Access Program.

- ☐ Only authorized patrons, as defined by AFI 34-101*, Air Force Morale, Welfare and Recreation (MWR) Programs and Use Eligibility,* age 18 and over (AD can be age 17) will be authorized registration for Fitness Access.
- ☐ All authorized personnel, at least 18 years of age, may sign in 1 guest, at least 16 years of age. In addition, Uniformed Service members may bring up to 3 dependents, at least 16 years of age, during unstaffed hours. Guests have the same priority as their sponsor who must arrive with, accompany, and be responsible for their conduct. Sponsor will sign guests in using the guest log located at the front counter.
- ☐ I acknowledge that there will be no supervision or assistance during unstaffed hours and that I am expected to behave in accordance with good standards of conduct and discipline. Surveillance cameras will be recording activities within the Fitness Center during unstaffed hours. Actions such as theft, defacement or intentional damage to government property, sexual assault, inappropriate sexual behavior, and violations of rules will not be tolerated and are subject to punishment under the Uniform Code of Military Justice (UCMJ).
- ☐ When entering the facility during unstaffed hours, I will swipe my card for access and ensure the door closes behind me and /or my guest. I will not hold the door open for other patrons nor allow the use of my card by other patrons.
- ☐ I will exit the facility through the main entrance. All other doors must remain closed except in the event of an emergency.
- ☐ I am required to work out with a wingman during unstaffed hours of operation. The presence of another patron in the same area meets this requirement.
- ☐ Areas that are not available for use will be locked or clearly marked as restricted.
- ☐ 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 at the front counter and will be used to report any issues, needing immediate attention.
- ☐ I will identify and assess potential risks before engaging in any activity.
- ☐ A spotter or appropriate equipment is highly recommended when using free-weight bars. Additionally, I understand it is highly recommended not to exercise above my training limits and experience.
- ☐ I understand that all personal gear should be secured in the available lockers and that Tyndall AFB in not responsible for my personal property.

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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 the facility after-hours.   Orientation Date:_____

An orientation is required for the Emergency/Safety/Policy (Emergency procedures/information, Phone, Automated External Defibrillator Location, First Aid Kit Location, Guest Log).   Orientation Date:_____

I certify I have read and understand this SOU and Assumption of Risk form and am fully aware of the published procedures required to participate in the Tyndall AFB Fitness Access Program provided at the main fitness center, bldg. 1601. I agree to abide by this agreement and to notify the Fitness Center in the event of permanent relocation to ensure my access is removed from the system. I have been briefed on the Fitness Center Operational and Emergency Procedures. I acknowledge that violations of this SOU and Assumption of Risk could result in loss of my privileges and subject me to further discipline.

- o 1st Offense   30 day suspension from Fitness Access Program
- o 2nd Offense   60 day suspension from Fitness Access program
- o 3rd Offense   At the discretion of the Fitness & Sports Manager

Rank/Name:_____   Unit:_____

Signature:_____   Date:_____

FSC Staff Signature:_____   Date:_____