

**Misawa Air Base Fitness and Sports Center Statement of Understanding (SOU)
and
Waiver/Assumption of Risk Form**

I understand and agree that my access to the Fitness and Sports Center (FSC) during unmanned hours is a privilege which can be retracted for not abiding by this SOU.

I understand:

I will receive an Access Card and sign the SOU and Waiver/Assumption of Risk Form prior to participating in Fitness Access. Retirees and authorized dependents will receive a Fitness Access card and will also sign this Waiver/Assumption of Risk Form.

- **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 of 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 FSC staff**
- I am not permitted to have any guests in the facility during unmanned hours.
- There will be no supervision or assistance during unmanned hours and I am expected to behave in accordance with military rules and standards. Surveillance cameras will record activities within the FSC during unmanned hours. Violations will not be tolerated. As the sponsor, I am responsible for the conduct of my dependents.
- I will be required to swipe my Fitness Access Card for entry. If I am already in the facility when it closes, I will exit the facility and swipe back in for accountability.
- Holding or propping the door open is strictly prohibited and will result in the loss of my privileges; I will ensure the door closes securely following my entry. Sharing my Fitness Access Card is considered theft of services and will be prosecuted IAW the UCMJ. All other doors WILL remain closed unless needed for emergency.
- Areas that are not available for use will be locked or clearly marked as restricted.
 - Locked and restricted areas include but are not limited to, sauna, steam room, storage closet, office space, janitor closet, and tumbling room. There may not be anyone on site to respond to an emergency situation. However, in case of emergency or need for assistance, an emergency phone is located at the main entrance and will be used to report any issues with the facility (HVAC, burned out lights, broken doors/ windows, etc.) or 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 is required when using free weight bars. If a spotter is not available, a power cage WILL be used. Additionally, I understand it is highly recommended not to exercise above my training limits and experience.
- The Force Support Squadron is not responsible for any lost or stolen property.
- In the event of a Natural Disaster, Major Accident, and Chemical, Biological, Radiological, Nuclear and Explosive weapons (CBRNE) incident I will follow the published procedures.
- Violation of this SOU and Assumption of Risk could result in loss of my privileges and subject me to further discipline.
- ****24/7 Fitness Access card will be returned prior to PCS of Misawa AB****

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: _____

An orientation is required for the Emergency/Safety Zone/Emergency Procedures/Information Phone, Automated External Defibrillator (AED), and First Aid Kit with instructions.

Orientation Date: _____

I certify that I have read and understand this SOU and Assumption of Risk form and am fully aware of the published procedures required to utilize the Misawa AB, Potter Fitness Center after hours Fitness Access program. I agree to abide by this agreement and will renew my access annually.

I have been briefed on the Fitness & Sports Center Operational and Emergency Procedures.

Rank/Name: _____ Unit: _____

For Dependents, Sponsor's Name /Unit: _____

Signature: _____ Date: _____

FSC Staff Member Signature: _____ Date: _____