

**JOINT BASE McGUIRE –DIX- LAKEHURST UNMANNED FITNESS CENTER
ACCESS STATEMENT OF UNDERSTANDING
CATEGORY B – DOD DEPENDENTS 18 YRS OLD & ABOVE AND RETIREES**

PRINT Name: _____ **Phone number:** _____

Sponsor's Rank/Name: _____ **Sponsor's Organization** _____

Compliance with Rules:

I understand and agree that my access to the fitness center during unmanned hours is a special privilege which can be taken away immediately upon rule violations. As an authorized user, I agree to abide by all fitness center rules and unmanned hours rules which will be posted at the fitness center and may be amended from time to time at the sole discretion of the Fitness Center Director.

FITNESS CENTER RULES DURING UNMANNED HOURS:

___ I, as a DoD Dependent ID cardholder/Retiree understand and agree that my access to the Fitness Center during unmanned hours is a special privilege which is subject to immediate revocation for rule violations.

___ Dependent must be 18 years old to have access to the Fitness Center during unmanned hours. You are not authorized to bring quests. This includes, but are not limited to: infants, toddlers and/or children requiring close supervision by the authorized patron.

___ Access will be granted to authorized users for (12) months at a time. The Fitness Center Director/designee has the right to terminate your privileges at any time without notice.

___ For Dependents: Please return access card prior to sponsor's PCS, separation etc.

___ As an authorized member, I will swipe once for my entry at the main entrance facing the parking lot. I must swipe in even though I may have started my workout prior to the unmanned hours.

___ I will ensure that upon gaining entry or exiting the facility, the door closes securely behind me. All other doors MUST remain closed except in cases of emergency.

___ Access card sharing is strictly prohibited and will result in immediate loss of privilege. This card is for your own access only.

___ I understand that there will be no supervision or assistance during unmanned hours and I am expected to behave in accordance with good standards of conduct.

___ I understand that these areas: Gym# 1 at McGuire Fitness Center and all of the 3 facilities' (McGuire FC Bldg 2504, Griffith Field House Bldg 6053 and Lakehurst FC Bldg 123) offices, saunas and locked doors will be off limits.

___ I understand cameras will be closely monitored. Incidents in the Fitness Center during unmanned hours such as theft, defacement or intentional damage to government property, sexual assault, inappropriate sexual behavior and other violation of rules will not be tolerated and members will be subject to punishment under Federal and State Law.

___ I am aware that the Fitness Center is not responsible for protection of personal property.

___ I am aware that if I become injured or have any other medical emergency or event, that there is no guarantee someone will be on site to respond to my emergency. If I need assistance, there are phones located at the front desk and other areas within the facility (locker room in McGuire FC, for example). In addition, I will seek assistance from other authorized patrons within the facility in case of emergency.

___ Additionally, I am highly encouraged to use the buddy system if weight lifting (i.e. using a spotter if choosing to us free weights or assisting a fellow patron who needs help).

___ In the event of severe weather, I will proceed to the alternate Shelter in Place location at the following facilities: Gym# at 2 the McGuire FC, Mixed Fitness Room at Griffith Field House and the Power Room at Lakehurst until the severe weather has passed. In addition, I will continue to use the buddy system to help other patrons to safety.

___ In the event of a power outage, the facility will close immediately and I am to gather my belongings, exit the building promptly, and use the buddy system to assist others.

___ I hereby acknowledge and agree that the Department of Defense, United State Air Force, Joint Base McGuire-Dix-Lakehurst and the Fitness Center or its staff are not responsible for member's safety during unmanned hours and the member assumes all risks associated with using the Fitness Center during those times.

___ Violation of the rules will result in loss of privileges and/or any applicable Federal and /or State Laws.

Please note, 1st offense will revoke your privileges for 60 days, 2nd offense will be automatic suspension of access.

I certify that I have read and understood the rules during unmanned hours in the fitness center and I agree to abide by all the terms and conditions of this statement of understanding.

SIGNATURE _____ **DATE** _____