

## APG Athletic Center 24/7 Access Registration and Waiver

**Please initial next to each policy and sign at the bottom of each page.**

Authorized patrons are defined by AR 215-1 and must be age 18 or over (Active Duty (AD) can be age 17) to utilize APG Athletic Center (A/C) during unmanned hours of operation. To obtain access, all authorized patrons must register their Common Access Cards (CAC) with A/C staff. CAC cards will be activated for access at completion of registration. All authorized patrons without CACs will be issued MWR access cards at registration when proof of eligibility is provided. Registration/activation of CACs/access cards will be for one year from registration date. Users are issued one MWR access card and must pay a replacement fee for all lost or damaged cards.

Surveillance cameras will be recording activities within the Fitness Center during unmanned hours. Actions such as theft, defacement or intentional damage to government property, sexual assault, inappropriate sexual behavior, and violation of rules will not be tolerated and are subject to punishment. Violation of the rules will result in loss of privileges, and individuals will be subject to the Uniform Code of Military Justice (UCMJ) and prosecution.

Authorized patrons will swipe once for entry at the main entrance. Patrons who are inside the facility when the facility closes must exit the facility and swipe back in after MWR staff have completed closing procedures and initiate the unmanned access system.

Access card sharing is strictly prohibited and will result in the loss of privilege. Access sharing is viewed as theft of services and may be prosecuted in accordance with the UCMJ. One card, one person access.

For patron safety and security, patrons must ensure that the door closes securely following entry. Access cardholders will not allow any other person to access when they enter. Each access card/CAC is only valid for that person's entry. "Piggybacking" is prohibited and will result in the loss of privileges for both parties. All other doors MUST remain closed unless there is an emergency.

Areas that are not available for use will be locked or clearly marked as restricted.

It is highly encouraged that patrons utilize the buddy concept during unmanned hours, especially when utilizing free weights. If free-weights are used, recommend patrons not exercise above their training limits and experience. No equipment will be relocated under any circumstances. All weights will be re-racked by patrons when they have completed their workout.

In the event of severe weather, patrons will shelter-in-place in the A/C until severe weather has passed. Unmanned APG Fitness Facilities are not available for after-hours use when APG is closed.

A red emergency phone is located in the facility hallway to be used in case of any emergency or need for assistance.

**I agree** to abide by all rules stated above. **Initials:** \_\_\_\_\_

**I understand and agree** that my access to the A/C during unmanned hours is a special privilege that can be taken away for a rules violation. **Initials:** \_\_\_\_\_

**I acknowledge** that there will be no supervision or assistance during unmanned hours and I am expected to behave in accordance with all normal operation fitness center rules as well as good standards of conduct and discipline. **Initials:** \_\_\_\_\_

**I acknowledge** that there may not be anyone on site to respond to an emergency. **Initials:** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY STAFF: EXPIRATION DATE:** \_\_\_\_\_

## APG Athletic Center 24/7 Access Registration and Waiver (Continued)

**I acknowledge** that USAG, APG is not responsible for the protection of personal property.

**Initials:** \_\_\_\_\_

**I acknowledge that** "Piggybacking" is prohibited and will result in the loss of privileges for both parties. All other doors **MUST** remain closed unless there is an emergency. **Initials:** \_\_\_\_\_

In consideration of access to the A/C and use of the exercise equipment and facilities provided by A/C, **I expressly agree and contract**, on behalf of myself, my heirs, executors, administrators, successors and assigns, that A/C, APG Non-appropriated Fund Instrumentality, ASAGAPG, and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of the A/C. **Initials:** \_\_\_\_\_

By the execution of this agreement, **I accept and assume** full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and **I hereby fully and forever release and discharge** the A/C, APG Non-appropriated Fund Instrumentality, USAGAPG, United States Army and United States Government, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities. **I expressly agree** to indemnify and hold the A/C, APG Non-appropriated Fund Instrumentality, USAGAPG, United States Army and United States Government harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me. **I agree to be solely responsible** for safety and well-being of myself.

**Initials** \_\_\_\_\_

**I understand and acknowledge** that the use of exercise equipment involves risk of serious injury, including permanent disability and death. **Initials:** \_\_\_\_\_

### Please write legibly.

NAME (PRINT): \_\_\_\_\_

DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE/RANK \_\_\_\_\_

SPONSORS NAME: \_\_\_\_\_ (If applicable)

UNIT/ORGANIZATION: \_\_\_\_\_

ELIGIBILITY CATEGORY: SELECT ONE: (IF FAMILY MEMBER NOTE SPONSORS ELIGIBILITY)

AD      DOD CIV      CONT      RETIREE      FAMILY MEMBER\* \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ PROVIDER: \_\_\_\_\_ (if cell)

EMERGENCY CONTACT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY STAFF: EXPIRATION DATE:** \_\_\_\_\_