



WILSON SPORTS & FITNESS CENTER (WSFC) USER AGREEMENT – DURING UNMANNED HOURS



I understand and agree that my access to the Wilson Sports & Fitness Center during unmanned hours is a privilege, which can be taken away for violation of any of these rule

I understand (initial next to each statement to acknowledge understanding):

____ All current authorized patrons defined by [AR 215-1, Chapter/Table 7-1], over the age of 18 (Active Duty may be 17), and approved by the Installation Commander may register for access to the WSFC during unmanned hours and are responsible to report any misuse, abuse or violations to the appropriate authorities or the WSFC staff.

____ Patrons who wish to access the facility during unmanned hours will register their Common Access Card (CAC)/proxy card with WSFC Staff and will sign this SOU and Assumption of Risk Form prior to participating in Fitness Access during unmanned hours.

____ Registered users will swipe their CAC/proxy card for entry at the main entrance to the WSFC. All other doors will remain closed unless needed for an emergency. If in the WSFC when manned hours are ending, registered patrons will exit the facility and swipe their access card at the main entrance to reenter the facility for after-hours access. If a patron who signed up for the program is unable to gain access, they must contact the front desk staff during duty hours to check their current authorization status.

____ Patrons who purchase a proxy card to attain access to the WSFC after hours are responsible for the safe keeping of their card. In the event a **member loses or misplaces his/her proxy card**, the following steps will be taken: **1st offense, the member will be required to purchase a replacement card, 2nd offense, the member can purchase a card after 30 days, 3rd offense, the member can purchase a card after one year.**

____ Holding or propping the door open is strictly prohibited and will result in the loss of my after-access Privileges. I will ensure that the door closes securely following my entry. Sharing my CAC/proxy card is strictly prohibited and will result in loss of privileges.

____ Areas not available for use will be locked or clearly marked as restricted. I will not attempt to access Locked or restricted areas during unmanned hours. Locked or restricted areas, include but are not limited to: saunas, staff offices, and the front desk area.

____ There will be no supervision or assistance during unmanned hours and I will behave in accordance with military rules and standards. Surveillance cameras will record activities within the WSFC during unmanned hours. Actions such as theft, defacement or intentional damage to government property, sexual harassment/assault, use of alcohol, or other violations will not be tolerated.

____ There may not be anyone on site to respond to an emergency situation. However, in case of an emergency or need for assistance, a phone is located at the front desk. An Automated External Defibrillator (AED) is also located in the front lobby. The use of the “Buddy System” is **highly encouraged**; therefore, individuals are recommended to have at least one authorized workout partner with them during unmanned hours.

____ A Smart Book is located at the front desk. Please use this book to report any issues with the facility (HVAC, burned out lights, broken doors or windows, etc.).

____ In the event of a power outage, all patrons will gather their belongings and exit the building promptly determined by the facility manager.

____ A spotter and clamps are **required** when using free-weight bars to prevent injuries from dropped weights. If a spotter is not available, a power cage or Selectorized equipment **will be** used. Powder or chalk is not authorized to be used in the facility. We recommend the use of cardiovascular and Selectorized equipment, versus free-weights, to mitigate user risks. We highly discourage max-weight attempts on any exercise or exercising above one’s training limits and experience.

____ I understand and agree that I may be held liable for damage I cause to the equipment or physical infrastructure of the WSFC.

_____ I acknowledge that the United States Government, Joint Base Lewis-McChord, 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 Wilson Sports & Fitness Center. Recommend patrons bring their own lock to secure their items.

_____ Violation of the rules and standards of conduct that are incompatible with DoD and federal regulations will result in loss of privileges. All inquiries of loss of privileges must be done in person. Active Duty, Guard, Reserve, Retirees, and DoD civilians will have a representative of their senior command team present. Family members will have their sponsor present.

☐ I am familiar with *safe* operations of all fitness equipment available during unmanned hours. If not, an equipment orientation is required before using facility after-hours.

☐ I am **NOT** familiar with *safe* operations of all fitness equipment available during unmanned hours. An equipment orientation is required before using facility after-hours.

Orientation Completed by: _____ Date: _____

An orientation is required for the Emergency/Safety Zone/Emergency procedures/information, Phone, Automated External Defibrillator (AED), first aid kit with instructions.

Orientation Completion by: _____ Date: _____

I certify that I have read and understand the rules during unmanned hours in the Wilson Sports & Fitness Center and I agree to abide by all of the terms of this statement of understanding. If I am found in violation of any rule, the table of penalties below will be invoked (unless otherwise stated in this form).

If any of the rules are violated, member's access will be revoked

- **1st offense: 30 days suspension of 24/7 Fitness Access**
- **2nd offense: 90 days suspension of 24/7 Fitness Access**
- **3rd offense: 1 year suspension of 24/7 Fitness Access**

Check One: ☐ Active Duty ☐ Family member ☐ Retiree ☐ DoD Civilian

SPONSOR Rank/Name (Last, First, middle): _____

SPONSOR Unit/Phone/Email: _____

Applicant Name (Last, First, middle): _____

*Unit Commander or 1SG Rank/Name: _____

*Unit Commander or 1SG Phone: _____ *Unit Commander or 1SG Email: _____

**Active Duty and DoD Civilians must complete; Not applicable for retirees; Family member list sponsor's info*

Signature: _____ Date: _____

FITNESS CENTER STAFF USE

Fitness Center Staff Signature: _____ Date: _____

CAC Barcode or Proxy Number: _____ DoD ID Expiration Date: _____