



**BUILDING 7115 “THE BARN” FITNESS CENTER
STATEMENT OF UNDERSTANDING FOR USE DURING UNMANNED HOURS,
WAIVER, AND ASSUMPTION OF RISK**

I understand and agree that my access to building 7115 “The Barn” during unmanned hours (M-F 0700-1100, 1300-1600, 1900-0500, and 24 hours Saturday and Sunday) is a privilege and can be revoked for not abiding by this Statement of Understanding (SOU) or other rules governing the use of fitness centers aboard MCAS Miramar.

Initial statements below

- _____ I will register with MCAS Miramar Semper Fit and sign this SOU, Waiver, and Assumption of Risk prior to participating in unmanned fitness access.
- _____ I understand this privilege is for Active-Duty military members, PMO, and Fire ONLY. If I have a change in status, I will notify the staff and a loss in privilege will occur.
- _____ I am not permitted to have guests and will not permit guests in the facility during unmanned hours.
- _____ A minimum of two patron integrity is to be maintained at all times. If all other patrons exit and I am left alone, I agree to leave the fitness center.
- _____ I will exercise with an authorized patron as a workout partner and acknowledge each person is required to swipe into the fitness center independently.
- _____ I will be required to scan my CAC for entry. If I am already in the facility when manned operations cease, I agree I will re-enter the facility and scan my CAC for accountability and use during unmanned hours.
- _____ Sharing my CAC for facility access is considered theft of services. Violations will be turned over to the command for action.
- _____ 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 all activities within the fitness center and reviewed daily. Violations will not be tolerated and may incur loss of privileges.
- _____ Holding or propping the door open is strictly prohibited and will result in the loss of my privilege. I will ensure the door closes securely following my entry.
- _____ I will not enter nor use areas marked as restricted. Locked and restricted areas include shower rooms, the power-lifting room, the outdoor High Intensity Tactical Training locker, front desk, and offices.
- _____ I will not tamper with locks, chains, or any other apparatus used to secure equipment or spaces.
- _____ I will not engage in horseplay or any other activity that may place me or anyone else in danger.
- _____ In case of an emergency the phone located at the front desk is linked directly to Miramar Emergency Communication Services for 911 calls. This phone can also be used to report issues with the facility or other patrons.

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- _____ In the event of an emergency or incident to include but not limited to, natural disaster, major accident, and/or adversarial incident, I will follow published procedures and use common sense.
- _____ I will identify and assess potential risks before engaging in any activity.
- _____ I understand I will not exercise above my training limits and experience.
- _____ I accept using the fitness center during unmanned hours carries inherent risks and I assume full responsibility for my safety and actions while in the facility.
- _____ Violation of this SOU, Waiver, and Assumption of Risk could result in loss of my privileges to access the unmanned fitness center and may subject me to further discipline.
- _____ I will obey all other orders, regulations, and rules regarding government buildings and fitness centers, even if not explicitly written on this SOU.

I certify that I have been briefed on the fitness center Operational and Emergency Procedures and that I am 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 (if applicable) on:

(DATE) _____

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

Orientation Date: _____

I certify that I have been briefed on the Barn Operational and Emergency Procedures.

Rank and Name: _____ **EDIP:** _____

Unit: _____ **Phone#:** _____ **Email:** _____

Signature: _____ **Date:** _____

Fitness Staff Member Name: _____

Signature: _____ **Date:** _____

