COLONEL STEPHEN K. SCOTT FITNESS CENTER

24/7 KEYLESS ACCESS AGREEMENT, RULES, LIABILITY WAIVER & RELEASE

IMPORTANT: Access to the fitness center is a privilege. By signing this document, I acknowledge that I have read, understand, and agree to comply with the rules and conditions below for use of the Colonel Stephen K. Scott Fitness Center during staffed and unstaffed hours.

Printed Name:		**Unit/Organization/Affiliation:**	
CAC/ID Expiration Date:		**Date:**	
Email:		**Duty/Home Phone:**	

ACCESS RULES AND RESPONSIBILITIES

- I must register my CAC/access credential at the fitness center, confirm eligibility, and be at least 18 years old before receiving 24/7 access.
- I may not bring a guest, dependent, or family member with me. Everyone that enters must have filled out the necessary paperwork before access is given.
- I must swipe/use my own access credential for each entry. Sharing a CAC/access credential is prohibited and may result in termination of access privileges.
- If I receive a new CAC/access credential, I must update my credentials before attempting facility access.
- If access is denied, I will not repeatedly attempt entry or allow another person to enter using my access. I will contact fitness center staff for assistance.
- Upon entering or exiting, I must ensure the access door closes and locks securely behind me. Holding, propping, or allowing another person to "piggyback" through the door is prohibited and may result in loss of privileges.
- All fitness center rules regarding proper dress, equipment use, etiquette, age restrictions, and posted policies remain in effect at all times.
- The facility is monitored by video surveillance. Theft, vandalism, assault, inappropriate behavior, intentional damage, or other violations may result in immediate termination of access and referral to appropriate authorities.
- I am responsible for safe equipment use, returning weights and equipment to their proper locations, and reporting safety concerns, damage, or violations to fitness center staff.
- If the facility is closed for an emergency, installation closure, or other official reason, I will exit promptly and will not attempt to enter until the facility is reopened.

EMERGENCY INFORMATION

Emergency: Call 911 and provide the location of the emergency. **AED and emergency phone locations:** identified within the fitness center.
Military Police: 256-876-2222.

ACKNOWLEDGMENT OF RISKS AND UNMANNED USE

I understand that use of the fitness center, particularly during unstaffed hours, involves inherent risks. No staff member may be present to respond to a medical emergency, and there may be extended periods when no one accesses the facility. Risks include, but are not limited to, exercise-related injury, equipment use, slips and falls, cardiac events, stroke, or other medical emergencies. I understand that my exercise routine will not be monitored and that medical assistance may not arrive immediately. I accept responsibility for my personal safety and well-being while using keyless access.

RELEASE, WAIVER AND COVENANT NOT TO SUE

In consideration for permission to use the Colonel Stephen K. Scott Fitness Center on a 24/7/keyless-access basis, I voluntarily assume the risks associated with such use. To the extent permitted by law, I release and hold harmless the Department of the Army, U.S. Army Garrison-Redstone Arsenal, and their officers, agents, servants, and employees from claims arising from my use of the facility, and I agree not to institute or assist in an action against them for injury to me or damage to my property arising from the activities contemplated by this agreement, except where such release is prohibited by law.

PARTICIPANT HEALTH AND CONDUCT CERTIFICATION

I represent that I am physically able to use the fitness center and will discontinue exercise if symptoms, illness, injury, or another condition makes continued activity unsafe. I agree to follow all posted rules and staff direction. I understand that violations may result in suspension or loss of 24/7 access privileges and may be referred for further action when appropriate.

ORIENTATION AND ACCEPTANCE

Equipment orientation (check one): ☐ I am familiar with the safe operation of the equipment. ☐ I require an orientation before using the facility after hours.

Orientation Date: _____

CERTIFICATION: I certify that I have read and understand this agreement, including the access rules, risks, waiver/release provisions, and my responsibilities. I agree to abide by these terms while using the facility.

Participant Signature: _____ Date: _____

Printed Name: _____

Staff/Witness Signature: _____ Date: _____

Printed Name: _____