



**DEPARTMENT OF THE ARMY**  
US ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT BELVOIR  
9820 FLAGLER ROAD, SUITE 213  
FORT BELVOIR, VIRGINIA 22060-5928

### **Fort Belvoir 24 Hours Access to Unmanned Facilities Rules/Waiver**

Authorized patrons are defined by Army Regulation 215-1 and must be age 18 or over (Active Duty (AD) can be age 17) to utilize 24 Hours Access facilities during unmanned hours of operation. To obtain access, all authorized patrons must register their Common Access Cards (CAC) with each facility. Guests of registered users are not permitted into the facility during unmanned hours.

Surveillance cameras will be recording activities within the facility during unmanned hours. Actions such as theft, defacement or intentional damage to government property, sexual assault, inappropriate sexual behavior, horseplay, 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 may be subject to the Uniform Code of Military Justice (UCMJ), applicable state/federal laws, and prosecution. Active Duty/Army Reserve (USAR)/Army National Guard (ARNG) members (sponsors) will be held responsible for the conduct of their Family members. Sponsors may lose privileges due to rule violations by Family members.

Authorized patrons will swipe once for entry at the main entrance. Patrons who are working out when the facility becomes unmanned must exit the facility and swipe back in to continue with their workouts.

CAC sharing is strictly prohibited and will result in the loss of privilege. CAC sharing is viewed as theft of services and may be prosecuted in accordance with the UCMJ and applicable state/federal laws.

For patron safety and security, patrons must ensure that the door closes securely following entry. Valid identification (ID) cardholders will not allow any other person to access when they enter. An ID card is only valid for the cardholder'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. Unauthorized use of such areas will result in the loss of privileges.

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. Equipment will not be taken outside of the weight room 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 designated areas of the facility until severe weather has passed.

An emergency phone is in the facility in case of any emergency or need for assistance.

**I agree** to abide by all rules stated above.

**"LEADERS IN EXCELLENCE"**

## Fort Belvoir 24 Hours Access to Unmanned Facilities Rules/Waiver

**I understand and agree** that my access to the facilities during unmanned hours is a special privilege that can be taken away for a rule violation.

**I acknowledge** that there will be no supervision or assistance during unmanned hours, and I am expected to behave in accordance with fitness center rules and good standards of conduct and discipline.

**I acknowledge** that there may not be anyone on site to respond to an emergency and I have received a safety orientation, which included emergency procedures.

**I acknowledge** that Fort Belvoir is not responsible for personal property that is lost, stolen, or damaged.

**I represent** that I am in good health and have no symptoms, medical conditions, impairments, or diseases that might be aggravated, worsened, or induced by my intended use of the facility. If I have any health or medical concerns now or after I register, I will immediately discontinue my use of the facility until I am cleared for physical activity by a physician.

**I agree** not to engage in a use of the facility that will result in a self-injury.

In consideration of access to the facilities use of the exercise equipment and facilities provided by Graves Fitness Center, **I expressly agree and contract**, on behalf of myself, my heirs, executors, administrators, successors and assigns, that DFMWR, Fort Belvoir Non-appropriated Fund Instrumentality, Fort Belvoir Army Garrison, 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 facilities. 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 facilities, Fort Belvoir Non-appropriated Fund Instrumentality, Fort Belvoir Army Garrison, United States Army and United States Government, its insurers, employees, officers, directors, and associates, to the extent allowable by law, 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 facilities, Fort Belvoir Non-appropriated Fund Instrumentality, Fort Belvoir Army Garrison, 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 \_\_\_\_\_

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

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DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_ SPONSOR NAME: \_\_\_\_\_

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

BRANCH: \_\_\_\_\_ GRADE/RANK: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

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

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

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