



Memorandum of Agreement for Keyless Access Callahan Physical Fitness Center-US Army Garrison Fort Bragg



I understand and agree that access to Callahan Physical Fitness Center (PFC) during unmanned hours is a privilege, which can be revoked for a violation of the following policies. I agree to abide by the Callahan PFC, Family and Morale, Welfare and Recreation (FMWR) policies during unmanned hours of operation, as stated in this Memorandum of Agreement (MOA). Policies may be amended as needed by the Sports and Fitness Branch Chief through the Chief, Community Recreation Division (CRD). Callahan PFC is only staffed from 2300-0400 hours, seven (7) days a week.

1. Please print the following information:

Printed Name: _____ **Unit/Organization:** _____

CAC Expiration Date: _____ **DOD#:** _____ **Date:** _____

Email (Official): _____ **Duty Phone:** _____ **Cell:** _____

2. Callahan PFC policies during unmanned hours of operation:

ACTION / INFORMATION	INITIAL
All authorized Military and DOD CAC card holders, as defined by AR215-1, age 18 and older may access the Callahan PFC during unmanned hours.	
I acknowledge I must complete and sign a Memorandum of Agreement (MOA) and register for 24/7 access before access during unmanned hours is granted.	
I acknowledge I must swipe my CAC once for each entry. If I am already in the facility when it closes (seven days/week at 2300 hours), I will exit and swipe my CAC again for access and accountability.	
I acknowledge I am not authorized to bring guests in the facility during unmanned hours.	
I acknowledge sharing my CAC card or holding the door open for another patron is not authorized and will be considered theft of services and will cause my access privileges to be terminated immediately. Upon entering or exiting the fitness center, I must ensure the access door closes securely behind me. All other doors must remain closed at all times unless needed for emergency egress.	
I acknowledge should the installation CLOSE for any reason (weather emergencies, etc.) the fitness center is considered CLOSED and I will exit the facility immediately if I am already present. Additionally, I may not gain access during closures until the installation opens to the workforce.	
I acknowledge all fitness center policies of proper dress, machine usage, etiquette & age restrictions remain in effect. I acknowledge I am responsible to report any misuse, abuse, or violations of Callahan Physical Fitness Center policies to the Military Police and the Fitness Center Staff.	
I acknowledge it is highly recommended not to exercise above my training limits and the "buddy system" is not required, however it is highly encouraged for patron safety.	
I understand equipment must remain in the facility and will not be taken outside under any circumstances.	
I acknowledged areas that are not available for use will be locked or clearly marked as restricted and I will not access these areas.	
I acknowledge in the event of a power outage, the facility will close immediately. I am to gather my belongings and exit the building promptly. I will ensure door(s) are secured upon exit.	
I acknowledge I have identified the location of the emergency first aid kit, the AED and emergency phone numbers: Any Emergency: dial 911 and let them know you are on Fort Bragg. Military police: 910-396-0391.	
I acknowledge cameras will monitor all activities in the fitness center at all times. Any behavior that violates law and policy (criminal behavior, intentional damage to property, theft, assault and inappropriate behavior) will not be tolerated and will be prosecuted under applicable laws or regulations.	
I acknowledge the fitness center is not responsible for personal property left on premises.	
I will identify and assess risks before engaging in any activity and will take reasonable precautions to mitigate risk of injury, including exercising with someone or using cardiovascular, weight and selectorized equipment.	
I represent that I am in good physical health and have no symptoms, medical conditions, impairments or diseases that would prevent me from utilizing the fitness center. I also understand it is my responsibility to discontinue use if medical symptoms appear after use of the fitness center. I agree I will not engage in activities that could result in self injury.	

SUBJECT: MEMORANDUM OF AGREEMENT FOR KEYLESS ACCESS

I acknowledge that any behavior counter to that in the above listed MOA will result in loss of privileges to use the facility during unmanned hours and could result in permanent loss of privileges or additional UCMJ or other legal action being taken against me based on the severity of the offense.	
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I am / am not familiar with the safe operation of all fitness equipment available during unmanned hours. If not, an equipment orientation is required before using facility after-hours. ORIENTATION DATE: _____

I certify that I have read and understand the Callahan Physical Fitness Center Memorandum of Agreement and I agree to abide by these terms during unmanned hours of operation.

Customers Printed Name

Date

X _____
Customers Signature

Staff Member Printed Name

Date

X _____
Staff Member Signature