

Smith 24-Hour Fitness Center Membership Application and Agreement

Name: _____
 Last First MI Date of Birth

Address: _____ Phone: _____
 Number & Street City State Zip

Mobile Phone: _____ Email Address: _____ If no email, please initial ____

Emergency Contact:

Name: _____ Relationship _____

Daytime Phone: _____ Evening Phone: _____

Membership Terms and Conditions

ACTION/INFORMATION	INITIAL
All authorized military and DOD CAC holders, as defined by AR 215-1, age 18 and older may access the Smith Fitness Center during unmanned hours. If youth under 18, a parent must sign the waiver form prior to receiving an access card.	
I acknowledge I must complete and sign an agreement and register for 24/7 access before access during unmanned hours is granted.	
I acknowledge I must swipe my access card for entry and once inside swipe my CAC. If I am already in the facility when it closes (M-F: 1900, Sat: 1600 – or currently posted operating hours), I will exit and swipe my access card and CAC again for access and accountability.	
I acknowledge I am NOT authorized to bring guests in the facility during unmanned hours.	
I acknowledge the DoD age policy that youth age 12 and under are not allowed in the cardiovascular, or strength area. As a Family member, youth 15 and under must be actively participating in the same activity and under direct supervision of a parent or guardian.	
I acknowledge sharing my access card or holding the door open for another patron is not authorized and will be considered theft of services and will cause termination of my access privileges 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. If door does not close securely, I will notify the Military Police at 706-545-5222.	
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 and age restrictions remain in effect. I acknowledge I am responsible to report any misuse, abuse, or violations of Smith 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 while the “buddy system” is not required, it is highly encouraged for patron safety.	
I understand equipment must remain in the facility, in the proper location for that equipment and will not be taken outside under any circumstances.	
I acknowledge areas that are not available for use will be locked or clearly marked as restricted and I will not access those 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 automated external defibrillator, and emergency phone: Any emergency: dial 911 and tell them you are on Fort Benning. Military Police: 706 545-5222	
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 or 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 to 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.	
I acknowledge that I will be issued one key card at no cost. If the card is lost or stolen, a \$5 fee will be required to receive a replacement.	
I acknowledge that any behavior counter to that in this agreement will result in loss of privileges to use the facility during unmanned hours and could result in permanent loss of privileges or additional Uniform Code of Military Justice or other legal action being taken against me based on the severity of the offense.	
I acknowledge that in accordance with Deputy Secretary of Defense Memorandum with the Subject: Updated Mask Guidance for all DoD Installations and Other Facilities, dated 28 July 2021, at all times, while in Smith Gym, I will wear a face mask that covers my nose and mouth. I understand failing to wear a face mask at all times could result in the loss of privileges to use the facility or action can be initiated against me under the Uniform Code of Military Justice or other adverse action. I understand face mask mandates are constantly changing and will abide by the published policy.	

<p>I am <input type="checkbox"/> / am not <input type="checkbox"/> familiar with the safe operation of all fitness equipment available during unmanned hours.</p> <p>If not, an equipment orientation is required before using facility after hours. ORIENTATION DATE: _____</p> <p>I certify that I have read and understand the Smith 24-Hour Fitness Center Agreement and agree to abide by these terms during unmanned hours of operation.</p>
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Acceptance and Agreement

I agree to release and hold harmless, Fort Benning DFMWR, Fort Benning, and the United States, officers, agents and employees, from and against any claims, suits, losses, or related causes of action for damages, including attorney fees and court costs, which may result from injury or death, accidental or otherwise or costs which may arise due to my use of the Smith Gym 24-Hour Fitness Center's equipment. I understand and agree that access to Smith Fitness Center during unmanned hours is a privilege, which can be revoked for a violation of this policy. I agree to abide by the Smith Fitness Center, Family and Morale, Welfare and Recreation (FMWR) policies during unmanned hours of operation, as stated in this agreement. The Fitness Center Manager may amend these policies as needed. Smith Fitness Center is only staffed from 0500-2000 Monday – Friday and 0900 to 1700 Saturday/Sunday, or currently published operating hours.

Signature: _____ Date: _____

Smith Fitness Center Representative: _____ Date: _____
 Print Name

Smith Fitness Center Representative: _____ Date: _____
 Sign Name

Parent/Guardian Signature if under 18: _____ Date: _____

Key Card # issued: _____ Date issued: _____

- Replacement of lost key cards is \$5 Initial _____