



## Fort George G. Meade Fitness Centers Unmanned Facility Registration

PLEASE FILL OUT THE FOLLOWING INFORMATION

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: (Street) \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_

Work Building & Work Phone \_\_\_\_\_

Email: \_\_\_\_\_

Duty Status: Active Military \_\_\_ Reserve/National Guard \_\_\_ Retired Military \_\_\_

Branch \_\_\_\_\_ Military Spouse/Dependent \_\_\_ 100% Service Connected Veteran \_\_\_

DOD Civilian \_\_\_ Retired Civilian \_\_\_ Civilian Spouse \_\_\_ Other: \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

### RELEASE & HOLD HARMLESS AGREEMENT

In consideration for being allowed to use the Fort Meade Fitness Centers I hereby release the Fort Meade DFMWR Community Recreation Division and the United States Government from any liabilities or claims arising from my own participation. I agree that I will never prosecute or in any way aid in prosecuting any demand, claim or suit against the United States Government, for any LOSS, DAMAGE or INJURY to my person or property that may occur from any cause whatsoever as a result of taking part in this activity.

I understand and agree that I may be held liable for any damage or loss to the United States Government that is caused by my gross negligence, willful misconduct, or fraud.

I will assume full liability and responsibility for any injury to myself and my guests in or about Fort Meade Fitness Center premises including but without limitation, any claims for personal injuries resulting from or arising out of the negligence of Fort Meade DFMWR and I do hereby agree to indemnify and hold the United States Government harmless therefore.

I hereby acknowledge that during certain hours of operation the Fort Meade Fitness Center will be unstaffed and without supervision. I specifically agree to release and hold Fort Meade DFMWR

harmless from any personal injuries which either I or any authorized family might receive during any period of time in which said facility is not staffed with personnel.

In consideration of access to the PFC and use of the exercise equipment and facilities provided by PFC, the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and noneconomic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge the PFC, United States Army and the United States Government, its insurers, employees, officers, directors, and associates 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 of the use of said equipment and facilities. I expressly agree to indemnify and hold the Physical Fitness Center, the 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 wellbeing of myself.

I understand that the PFC does not provide supervision, instruction, or assistance for the use of the facilities and equipment during 24/7, unstaffed and unmanned hours.

I agree to comply with all rules imposed by the PFC regarding the use of the facilities and equipment. I agree to always conduct myself in a controlled and reasonable manner, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that my use of the facilities and equipment is only to be undertaken in my own personal time, and that my use of the facilities and equipment is not within the course or scope of my employment.

Pre-existing medical conditions:

I represent that I am in good physical health and have no symptoms, medical conditions, impairments, or diseases that might be aggravated, worsened, or induced by my intended use of the PFC. If I have any health or medical concerns now or after I register, I will immediately discontinue my use of the PFC until I am cleared for physical activity by a physician. I agree not to engage in the use of the PFC that will result in self-injury.

I hereby state that I understand and acknowledge the policies/rules outlined in the Fort Meade Fitness Centers SOP, the Statement of Understanding (SOU) & Compliance of Rules during Unmanned Hours and this Release & Hold Harmless Agreement.

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Print name/ Signature

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Date