

## **NELLIS FAMILY HOUSING FITNESS CENTER ACCESS AGREEMENT**

| Name:  |   | Key Fob #  |
|--|---|--|
| Address:   |   | Squadron/Unit:   |
| Home Phone   | Work Phone  | Cell Phone   |
| Nellis Family Housing r  | ecommends consultation with a phy   | sician prior to beginning any workout or exercise routine      |
| ssuance of the Key For pecified:   | ob is contingent upon Resident's a  | cceptance and adherence to the terms and conditions            |
| Key Fob is for th  | e exclusive use of Residents and his  | /her immediate family and will not be released to other        |
| Resident unders esulting in damage.  | tands use of the key fob is traceable   | e and resident will be responsible for any and all actions     |
| Resident unders  | tands the facility is equipped with su  | rveillance cameras and all activity is recorded.               |
| Resident agrees  | s all persons using the key fob to  | enter the facility will abide by the following rules and       |
| All persons using the facil  | ity and its equipment do so at their own  | risk. The facility is not monitored.                           |
| <ul> <li>Users must be complete an acc</li> <li>Fitness Center i.</li> <li>The Fitness Cen</li> <li>Management reanytime.</li> <li>No animals/pet</li> <li>No alcohol, glas</li> <li>Anyone having using the facility</li> </ul> | cess authorization form for persons age is for the private use of Residents and the ster capacity (maximum number of users eserves the right to close the Fitness Cess are allowed in the Fitness Centers, food or drink (other than plastic water skin or respiratory infections, open lesity. | ied by an adult. Exceptions: Parents/Legal Guardians may       |
| By signature be  | low, Resident agrees that all persons usi   | ng the key fob will abide by all provisions of this agreement. |
| <br>Resident   |   | Date   |
| Nesidelit  |   |  |

Nellis Family Housing Representative



## **NELLIS FAMILY HOUSING UNDERAGE ACCESS AUTHORIZATION FORM**

| Name:                                 |   | Key Fob #   |
|---------------------------------------|---|---|
| Address:                              |   | Squadron/Unit:  |
| Home Phone                            | Work Phone  | Cell Phone  |
| Nellis Family Housing red             | commends consultation with a phy  | sician prior to beginning any workout or exercise routine   |
|                                       | the Fitness Center to the following chunder the Access Agreement Form ap  | nildren under the age of 18 without parental supervision. All ply to the following minors:                          |
|                                       |   |   |
|                                       |   |   |
| All persons using the facility        | and its equipment do so at their own  | risk. The facility is not monitored.  |
| • Users must be o                     | or Management is responsible for accion<br>wer the age of 18 unless accompan<br>ss authorization form for persons age | ied by an adult. Exceptions: Parents/Legal Guardians may  |
| Fitness Center is f                   | or the private use of Residents and the   | eir guests. Maximum number of guests is two (2).  |
|                                       |   | allowed in the center at any time) is fifteen (15).  nter at any time and can deny use of the facility to anyone at |
| <ul> <li>No animals/pets a</li> </ul> | are allowed in the Fitness Center   |   |
|                                       |   | r bottles) or use of tobacco products is allowed. ons, cuts/wounds or communicable illness is prohibited from       |
| •                                     | erves the right to change, amend or a   | lter these terms & conditions without notice regarding health   |
| By signature belo                     | w, Resident agrees that all persons usi   | ng the key fob will abide by all provisions of this agreement.  |
|                                       |   | Date  |
| Resident                              |   |   |

Nellis Family Housing Representative