

HONOLULU POLICE DEPARTMENT
POLICY
ORGANIZATION, MANAGEMENT, AND ADMINISTRATION

December 16, 2019

Policy Number 2.53

FITNESS AND WEIGHT ROOMS

POLICY

In an effort to promote health and wellness, the department provides fitness and weight room areas that are designed for officers to perform approved, physical activities (see Policy 3.18, PHYSICAL FITNESS ACTIVITIES). These areas are authorized by the department, and authorized activities therein are covered by workers' compensation.

PROCEDURE

I. **RESPONSIBILITIES**

The commanders of the following elements are responsible for the maintenance and use of the fitness and weight rooms at the listed facilities.

<u>Fitness/Weight Rooms</u>	<u>Responsibility for Maintenance and Use</u>
Alapai Headquarters	District 7
Kalihi Police Station	District 5
Kaneohe, Kahuku, and Kailua Police Stations	District 4
Kapolei and Waianae Police Stations	District 8
Pearl City Police Station	District 3
Training Academy Ke Kula Maka'i	Training Division
Wahiawa Police Station	District 2

II. AUTHORIZED PERSONNEL

- A. Current Honolulu Police Department (HPD) officers and civilian personnel are authorized to use the fitness and weight rooms. Current HPD employees may sponsor and request authorization for immediate family members and outside public safety personnel (law enforcement, fire, and emergency medical services) to use the fitness and weight rooms.

The commander or designee responsible for a fitness or weight room may authorize the following to use the room:

1. Retired HPD employees;
 2. Immediate family members of current HPD employees (as long as the family member is 18 years of age or older) when accompanied by their sponsor; and
 3. Outside public safety personnel when accompanied by their sponsor.
- B. Anyone without specific authorization from the commander or a designee shall not be permitted to use the room.
- C. Juveniles (anyone under 18 years of age) may be permitted to use the gymnasium and dojo in the Training Division's Physical Fitness Center for approved activities. These activities must be approved by the appropriate bureau chief, and each juvenile must have a signed waiver on file prior to using the facility.

However, juveniles shall not be permitted to use any equipment in the weight rooms or be present in the weight rooms at any time.

III. WAIVER

- A. All users, other than current HPD officers, will be required to sign a waiver acknowledging that they will not hold the department or the city liable in case of injury. This includes all juveniles who are authorized to use the Training Division's gymnasium or dojo. A sample waiver form is attached.
- B. Completed waiver forms shall be kept on file by the element responsible for the fitness or weight room.
- C. All waivers shall expire at the end of the calendar year. A new waiver must be submitted to the element responsible for the fitness or weight room at the start of every calendar year.

IV. RULES

- A. To use a fitness or weight room, current HPD officers must have a valid identification card with them during each use of the facility, sign in on the log before beginning each use of the facility, and sign out on the log when finished.
- B. Current HPD civilian employees must sign a waiver, have a valid identification card with them during each use of the facility, sign in on the log before beginning each use of the facility, and sign out on the log when finished.
- C. The commander responsible for each fitness or weight room shall develop written rules for users other than current HPD officers. The rules should be designed with facility security in mind. Each user shall acknowledge reading the rules and agreeing to follow them by signing an acknowledgement form. The commander or a designee will sign as the witness.

The rules shall include the following:

- 1. The user is required to sign a waiver;
- 2. The user is required to provide current, emergency contact information;

3. The user is required to have a valid picture identification card;
4. The user is required to sign in and sign out;
5. There may be a time restriction on use of the fitness or weight room;
6. Except when otherwise authorized, the user is restricted to use the fitness or weight room and adjacent drinking and public restroom facilities only;
7. The user must be accompanied by their sponsor if not a current or retired HPD employee; and
8. The commander has the right to revoke permission for use of the room at any time.

A sample rule statement and acknowledgement form is attached.

- D. The commander shall also obtain and file emergency contact information from users who are not current HPD employees. This information shall include the individual's name, address, telephone number (business and home), emergency contact person, physician's name and telephone number, and whether the individual has any condition that might affect his or her ability to engage in physical activity.

This information shall be provided when the individual completes the waiver and rules forms. A sample form is attached.

V. MONITORING AND ENFORCEMENT OF RULES

The commander (or a designee) responsible for the fitness or weight room shall establish procedures to monitor the room and ensure that users are complying with the rules.

VI. SIGN-IN/SIGN-OUT LOG

A log book shall be kept for users to sign into and out of the fitness or weight room.

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VII. DAMAGE OR ABUSE OF FACILITIES

Anyone who willfully damages or abuses any equipment or property shall be held responsible for the damage or abuse.



SUSAN BALLARD
Chief of Police

Attachments

Post on bulletin
board for one week

Policy first issued
May 9, 2002

WAIVER

I know that physical activity (which includes, but is not limited to, weight lifting; martial arts; and aerobics) is potentially hazardous. I should not attempt to participate unless I am medically able and properly trained. I assume any and all risks associated with such physical activity, all such risks being known and appreciated by me.

I understand that juveniles (anyone under the age of 18) shall not use any equipment in the weight rooms and shall not be allowed in the weight rooms at any time.

Knowing these facts, and in consideration of your accepting my application to participate in physical activity, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, waive, release, and discharge the Honolulu Police Department, the City and County of Honolulu, their agents, employees, assigns, or anyone acting for or on their behalf, from any and all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this activity, including any claim for workers' compensation.

This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Printed Name and Signature

Date

Current employee Retired employee

Immediate family member Outside public safety personnel

Parent/Guardian (of juvenile), if applicable

Date

Sponsor, Rank, Element, Contact Number,
if applicable

Date

Witness/Element Commander

Date

RULES

1. You must sign a waiver form.
2. You must provide emergency contact information and keep the information current.
3. You must have in your possession a valid, authorized identification card of some sort.
4. You must sign in on the log book prior to your use of the fitness or weight room.
5. You may use the fitness or weight room only during the times specified by the commander responsible for the room.
6. While in the facility, you are restricted to the fitness or weight room, drinking fountain, and public restrooms, except as otherwise authorized.
7. Permission to use the facility may be revoked at any time, with or without cause.
8. Upon leaving the fitness or weight room, you must sign out on the log book.

Rules Acknowledgment: I have read and agreed to abide by the rules set by the Honolulu Police Department for the training facility fitness or weight room that I have been permitted to use.

Printed Name and Signature _____
Date
 Current employee Retired employee
 Immediate family member Outside public safety personnel

Parent/Guardian (of juvenile), if applicable _____
Date

Sponsor, Rank, Element, Contact Number, _____
if applicable Date

Witness/Element Commander _____
Date

EMERGENCY CONTACT INFORMATION

Facility user:

Name: _____

Address: _____

Home phone: _____ Business: _____

Emergency contact person:

Name: _____

Address: _____

Home phone: _____ Business: _____

User's physician:

Name: _____

Phone: _____

Do you currently have any condition that might affect your ability to engage in physical activity? Yes _____ No _____

If yes, nature of condition: _____

This information must be updated whenever a change occurs in any item.

Printed Name and Signature _____ Date _____
 Current employee Retired employee
 Immediate family member Outside public safety personnel

Parent/Guardian (of juvenile), if applicable _____ Date _____

Sponsor, Rank, Element, Contact Number, _____ Date _____
if applicable

Witness/Element Commander _____ Date _____