NEW HAMPSHIRE NATIONAL GUARD
PHYSICAL TRAINING PROGRAM ACKNOWLEDGMENT
STATEMENT

I, _____, ACKNOWLEDGE AND AGREE THAT:

a. I may voluntarily (mandatory for AGRs) take part in a physical fitness program as outlined in Memorandum dated 15 June 2004 during duty hours for a maximum of five hours per week.

b. My participation in this program may be without supervision. I am aware, however, that participation in organized competitive sports or other prohibited activity per Personal Physical Training Program policy letter is not authorized during this time.

c. I will conduct my Physical Training Program within a reasonable vicinity (as determined by my supervisor/commander as appropriate) of my work site.

d. A description of my proposed exercise program, days/times for participation and locations are as follows:

(1) Description of program:

(2) Proposed days/times:

(3) Location of exercise performance:

(4) Duty hours: Lunch Time:

e. Days, times, and locations of my program may be amended by my supervisor/commander in consideration of mission requirements.

f. If I abuse this program, I will have my privileges revoked.

g. (Technicians only) I acknowledge that if I am injured performing PT, I may not be covered by worker's compensation (Federal Employees Compensation Act) and may be personally liable for my injuries.

h. A signed copy of this acknowledgment will be kept on file by my supervisor/commander.

_____ _____
(Date) (Employee Signature)

Approved/Disapproved

_____
(Supervisor/Commander)

ENCLOSURE 1