

**HAWAII NATIONAL GUARD AGR/ADOS/OTOT PERSONNEL  
PHYSICAL FITNESS PROGRAM PARTICIPATION FORM**

I, \_\_\_\_\_, acknowledge and agree that:  
**(Service Member Last Name, First Name, Rank)**

1. I may voluntarily take part in a physical fitness program as outlined in TAG Policy Letter, SUBJECT: Policy and Procedures for the HING AGR/ADOS/OTOT Personnel Physical Fitness Program, dated 10 March 2025, for up to 90 minutes per day during duty hours.
2. My participation in this program may be unsupervised. I am under no obligation or duty to participate unless I do not meet height/weight and/or fitness standards, in which case my participation may be mandated.
3. I will conduct my exercise program within a reasonable vicinity (as determined by my supervisor/commander as appropriate) of my work site. I will begin and end my participation at my work site, unless other arrangements have been approved. I understand that I am subject to recall to the work site at any time.
4. Times for participation and locations for my participation must be approved by my supervisor/commander as appropriate in consideration of mission requirements.
5. If I abuse this program, I will be subject to disciplinary/adverse action and may have my privilege revoked.
6. I understand the establishment of this program and any decision to terminate this program is a decision that rests with The Adjutant General.
7. A signed copy of this acknowledgement will be kept on file by my supervisor/commander.

\_\_\_\_\_  
**(Service Member Signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Supervisor/Commander Name & Title)**

\_\_\_\_\_  
**(Supervisor/Commander Signature)**