

**STATEMENT OF ACCEPTANCE OF RESPONSIBILITIES
GOVERNMENT-OWNED
INFORMATION SYSTEM MYFITNESS ACCESS AGREEMENT
AND ACKNOWLEDGMENT OF RESPONSIBILITIES**

1. I understand I am being provided access to a government-owned Information System (IS), specifically the MyFitness Platform and will be authorized access to that application in accordance with the systems and applications itemized in Block 13 of the accompanying DD 2875, System Access Authorization Request. I will not introduce or process data or software for the IS that I have not been specifically authorized to process.
2. I understand the need to protect all passwords and other authenticators at the highest level of data they secure. I will not share any password(s), account(s), or other authenticators with other coworkers or other personnel not authorized to access MyFitness platform. As a user with a user role of _____, I understand the need to protect the data to which I have access to in the system. I will NOT share the password and/or authenticators with coworkers.
3. I understand that I am responsible for all actions taken under my account(s). I will not attempt to falsely edit data to which I have access or attempt to gain access to data to which I do not have authorization.
4. I understand my responsibility to appropriately protect and label all output generated under my account including printed materials.
5. I will immediately report any indication of system intrusion, unexplained degradation or interruption of system services, or the actual or possible compromise of data or file access controls to the appropriate Information Assurance Officer (IAO) or Information Assurance Manager (IAM). I will NOT install, modify, or remove any hardware or software (e.g., freeware/shareware and security tools) without written permission and approval from the IAO and the IAM.
6. I will not add/remove any users' names or users group without the prior approval from the Information Owner and a valid DD2875 granting the new user access to that role in MyFitness platform
7. I understand that I am prohibited from any actions prohibited by DoD 5500.7-R (Reference (y)) or any other DoD issuances.
8. I understand that if I am in doubt as to any of my roles or responsibilities I will contact my supervisor for clarification.
9. I will use the special access or privileges granted to me ONLY to perform authorized tasks or mission related functions.
10. I will not use any DOD/Air Force owned information system to violate software copyright by making illegal copies of software.
11. I understand that failure to comply with the above requirements will be reported and may result in the revocation of MyFitness platform access and/or adverse actions pursuant to military or civilian criminal prosecution.

MyFitness User Printed Full Name: _____

Org/Off Sym: _____ Phone: _____ Date Signed: _____

Digital Signature: _____