



Coquille Indian Tribe - Health and Wellness Division
Shishda Haws Rehabilitation and Fitness Center (SHRFC)
USER AGREEMENT-TRIBAL CITIZENS and FAMILIES

PLEASE NOTE: For the initial four weeks from the opening date of January 13, 2025, SHRFC will be accessible from 5 am – 10 pm, 7 days a week. After Tribal citizens and their families have had time to become familiar with the equipment and amenities, the operations will be accessed and the facility will be fully accessible 24 hours per day, 7 days a week. Beginning February 10, 2024, membership will be offered to Coquille Tribal Employees who are not Tribal citizens and Kilkich residents.

Name: _____

Street Address: _____

City _____ State _____ Zip _____

Your Age today: _____ Birthdate _____

Email: _____ Cell _____

For minors under 18, please have your parent/guardian sign below permission to use SHRFC:

Parent Name or Signature _____

Home Phone: _____ Cell _____

Add permission for your child(ren), ages 10-13, to accompany you while using the SHRFC:
You accept full responsibility for your child(ren) and must provide supervision. (No badge issued)

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Add permission for your child(ren), ages 14-17, to access the SHRFC on their own after they complete their individual Temporary User Agreement.

Your child(ren) will be responsible for adhering to all rules and conditions for responsible use of the SHRFC and will have access limitations: 6 am-8 pm, 7 days a week. (Badge will be issued)

Child's Name _____ DOB _____

Child's Name _____ DOB _____

MEMBERSHIP ELIGIBILITY (please include all information that applies)

Member of the Coquille Indian Tribe or spouse of a Tribal member (age 14+)

Tribal ID# _____

Employee of the Coquille Indian Tribe or Coquille Tribal Business?

Employee Badge# _____

ORIENTATION

_____ By initialing, I verify that I will watch the complete SHRFC Orientation and ask questions in advance of participating in any activity.

BOULDERING WALL

Bouldering is permitted in designated bouldering areas. Bouldering involves risk of FALLING to the ground. Padded floors and crash pad do not guarantee prevention of injury or death. Injury is more likely when you fall near the top of the bouldering wall or hit the edge of the crash pad. To reduce the risk of injury:

- Climb down rather than jump.
- Keep landing zones clear
- Do not sit or lay on the crash pads
- Do not leave personal items on the crash pad

_____ By initialing, I acknowledge for myself or minor child that I have read and understand the risks of bouldering.

INFRARED SAUNA RISKS

- The infrared sauna is only available for use by SHRFC users 18 years of age and above. Use of the infrared sauna involves risks which are detailed below:
- The use of drugs, medication or alcohol prior to or during the infrared sauna session may lead to dizziness or unconsciousness.
- Discontinue the use of the sauna if you feel light-headed, dizzy, or heat exhausted.
- Pregnant women should consult their physician prior to the use of the sauna. Excessive body temperatures have potential for causing fetal damage during the early days of pregnancy.
- Please consult your physician if you are in doubt of your ability to use the infrared sauna for health reasons.
- Clients using any medication must consult a physician or pharmacist prior to the use of the sauna.

_____ By initialing I acknowledge that I have read and understand the risks related to using an infrared sauna.

INFRARED SAUNA RULES

- The infrared sauna is only for use by SHRFC users 18 years of age and above.
- Bathing suits are required in the infrared sauna.
- Sauna sessions should be limited to no more than 45 minutes and temperatures must stay below 165 degrees Fahrenheit.
- Plastic water bottles are not permitted in the sauna.

_____ By initialing, I acknowledge that I have read and understand rules and age limitations related to using an infrared sauna.

SHRFC RULES

- To be a SHRFC member, you must be eligible and have a completed and signed User Agreement Form on record with the Coquille Indian Tribe Health and Wellness Division.
- Those eligible to be members of SHRFC include: Coquille Tribal families, Employees of the Coquille Indian Tribe or Coquille Tribal businesses, Kilkich residents, Ko-Kwel Wellness Center (KWC) patients, Minors who are 14-17 years old are eligible to use the facility without parental supervision, Minors who are 11 -13 years old are eligible to use the facility only when supervised by the parent or guardian who is also a member of SHRFC.
- Minors aged 11-13 may use SHRFC with parental supervision only. Be aware that fitness equipment and machines can be potentially dangerous. Please supervise minors at all times.
- Children 10 and under are not allowed inside SHRFC.
- The Coquille Indian Tribe is not responsible for lost, stolen, or damaged personal items.
- SHRFC users are asked to clean up after themselves. Return all weights, ropes and other equipment neatly to the storage area.
- Report housekeeping concerns to SHRFC Receptionist directly or by emailing the KWC Administrative Assistants at wellness@coquilletribe.org
- Do not use any damaged equipment. Please report damages to SHRFC Receptionist directly or by emailing the KWC Administrative Assistants at wellness@coquilletribe.org
- Equipment must be used as intended. Misuse of equipment or property will be grounds for exclusion from SHRFC
- Headphones must be used to listen to music.
- No pets are allowed inside the facility.
- Shishda Haws Rehabilitation and Fitness Center is monitored by video cameras.
- SHRFC members MAY NOT share their SHRFC access badge with any other member.

_____ **By initialing, I acknowledge that I have read and understand the SHRFC rules above.**

RELEASE OF LIABILITY AND INDEMNITY

I am using SHRFC for my own benefit and I agree to follow all the rules and limitations initialed above.

I agree to hold harmless, release and indemnify Coquille Indian Tribe and their agents, officers, and employees for any bodily injury suffered by me or minors in my care while accessing or utilizing the Shishda Haws Rehabilitation and Fitness Center (SHRFC)

I understand that I will use the equipment at my own risk.

I further understand that any violations of the rules could result in the forfeiture of privileges.

I certify that I have been declared physically able by a health care provider to use the equipment provided.

I acknowledge and voluntarily assume the risk of injury, accident, or death which may arise from the use of an infrared sauna. I, on behalf of myself, hereby waive and release all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the infrared sauna and from any advice provided by an employee, independent contractor, or any representative.

I agree that this User Agreement and Waiver is in effect for all SHRFC uses and services and will not expire unless specifically requested by either party.

Signature: _____

Date: _____

FOR KWC ADMINISTRATION ONLY

BADGE # _____

- New Unrestricted Adult
- Employee Unrestricted Adult
- New Restricted Minor