



Coquille Indian Tribe - Health and Wellness Division  
Shishda Haws Rehabilitation and Fitness Center (SHRFC)

**USER AGREEMENT**

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 use of the SHRFC and will have access limitations: 6 am-8 pm, 7 days a week. (Badge will be issued). The signing parent or guardian will be held responsible for any damage to property or equipment caused by the minor(s) listed below.*

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# \_\_\_\_\_

Member's Name \_\_\_\_\_

**Kilkich Housing resident**

**Employee of the Coquille Indian Tribe or Coquille Tribal business**

Where do you work? \_\_\_\_\_

CIT Employee ID# \_\_\_\_\_

**Family or household member of a CIT Employee**

CIT employees, who are not CIT Tribal members, receive access to Shishda Haws as a complimentary employee benefit thanks to the Coquille Indian Tribe Human Resources (HR). All members of an employee's household who want to access Shishda Haws must complete a User Agreement and reference the CIT Employee ID number of their CIT employee sponsor.

- CIT Employee Sponsor's Name: \_\_\_\_\_
- Where does the Employee work?: \_\_\_\_\_
- CIT Employee ID# \_\_\_\_\_

**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.
- Sauna hours are 6 am – 8 pm daily.

\_\_\_\_\_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 25 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 infrared sauna rules.

## 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 10 -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 10-13 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 9 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](mailto: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**

SHRFC BADGE # \_\_\_\_\_

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