

# MODOC NATION WELLNESS CENTER

70445 E 103rd Rd,  
Wyandotte, OK 74370

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      MI

\_\_\_\_\_  
Address    City                      State                      Zip  
(\_\_\_\_\_)

\_\_\_\_\_  
Home Phone                                      Email                                      D.O.B.  
 Male                       Female

\_\_\_\_\_  
Membership Type                      Work Phone                      Renewal? Yes   
(Modoc citizen, Employee, Elder Resident)

**SPOUSE/PARTNER INFORMATION (Only needed if they will be utilizing facility):**

\_\_\_\_\_  
Last Name                      First Name                      MI                      DOB                      Gender  
(\_\_\_\_\_)

\_\_\_\_\_  
Home Phone                      Work Phone                      Email

**OTHER FAMILY MEMBERS (Must be under 18 and living in the same home as primary member)**

	Legal Name (Last/First/MI)	Gender	Birthdate	Relationship
1				
2				
3				
4				

**In the event of emergency, I authorize the Modoc Nation Wellness Center to contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand that all individuals participating in fitness related or recreational activities at the Modoc Nation Wellness Center may be at risk of serious personal injury. Modoc Nation and the Modoc Nation Wellness Center, employees, and volunteers are not responsible for injuries that may occur to the individual participating in any fitness or recreational activity. Individuals are encouraged to have a physical examination, adequate health, and insurance prior to participating in all fitness or recreational activities. I grant permission to Modoc Nation Wellness Center to administer first aid / CPR and coordinate EMS transportation, provided they are unable to communicate with me, and according to their best judgment. In addition, I will comply with all policies and procedures of the Modoc Nation Wellness Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

**TYPE OF MEMBERSHIP:** (Circle one) Modoc citizen / Employee / Elder Resident / Spouse / Minor

DATE RECEIVED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_

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**FACILITY RULES AND REGULATIONS**

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1. Visitors are required to check in with a member of the staff upon arrival.
2. Each member will be assigned a personalized access code to the facility. This access code is only to be used by the members and is not to be shared amongst others.
3. Members/guests are responsible for all personal items lost, stolen, or damaged during their time at the wellness center. Lockers are available for use, and padlocks are available upon request.
4. Childcare is not provided. Children under the age of 16 must be supervised by an adult. Under no circumstances should children be left unattended in the facility.
5. Appropriate athletic attire and close-toed shoes are required throughout the facility.
6. Members are responsible for using equipment and facility amenities in a proper and safer manner. Any misuse, abuse or damage of equipment, property or amenities is a violation. If damage occurs, those responsible will be held accountable for repairs and/or replacement.
7. Video, photography, or any type of recording is not permitted on the property without expressed permission or consent from management.
8. Tobacco products, alcohol, drugs, and firearms are strictly prohibited on property.
9. Preventative maintenance is everyone's responsibility. Please abide by the posted signs for the maintenance and cleaning of equipment and return equipment to designated racks and storage areas after use.

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

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*This assumption of risk and release of liability (“release”) applies to the Modoc Nation Wellness Center located in Wyandotte, Oklahoma. We request your understanding and cooperation in maintaining both your safety and your health by reading and signing the following informed consent agreement.*

I, \_\_\_\_\_ (“Releaser”), in consideration for the Modoc Nation granting me access to use the Wellness Center, agree as follows:

I understand and expressly acknowledge that all physical exercise has inherent dangers, including risk of injury that may be serious or fatal. I fully understand and accept the risks to myself (and to any minor children I bring with me) associated with my presence at the Wellness Center, participation in exercise activities, and/or the use of equipment, including, but not limited to, the use of free weights, weight machines, cardiovascular machines, other fitness devices, and/or other exercise equipment. I further acknowledge that my presence at the Wellness Center, use of fitness equipment, and/or participation in exercise activities could result in substantial and serious hazards and risks, including risks of property damage, personal injury, and injury to others, and/or death.

It is my sole responsibility to be familiar with the equipment I may use and/or activities I may participate in at the Wellness Center. I understand and acknowledge that the Wellness Center may not be monitored or supervised. I agree to use the Wellness Center and any equipment in a safe, reasonable, and courteous manner and to act in a manner to prevent and reduce the risk of injury to myself and others.

I hereby agree to follow and fully comply with any and all policies and/or rules regarding the use of the Wellness Center, including, but not limited to, all rules and regulations of the Wellness Center. I understand my failure to follow all Wellness Center rules and regulations, as well as the directions of any Wellness Center employees or staff, may result in my immediate dismissal from the Wellness Center.

I therefore hereby agree to release and hold harmless Modoc Nation and the Wellness Center, its staff, and employees from any and all liability, claims, suits, or damages whatsoever, due to any injury or other damages suffered or incurred by me as a result of my participation in exercise in the Wellness Center. I further declare myself personally responsible for any financial cost incurred due to transportation and medical expenses as a result of any injury incurred.

I hereby warrant that I have read both this Assumption of Risk and Release of Liability form and Wellness Center Rules and Regulations form in their entirety and fully understand their contents. I also acknowledge that I have received a copy of these documents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Modoc Nation Wellness Center  
Waiver and Release of Liability for Sauna Use

I, \_\_\_\_\_, hereby accept all risks associated with my voluntary use of the sauna at the Modoc Nation Wellness Center, and release and forever discharge Modoc Nation Wellness Center, its employees and staff, the Modoc Nation and its staff and council members, and any other officers, agents or volunteers of the Modoc Nation Wellness Center (“RELEASEES”) from any and all responsibilities or liability from injuries or damages resulting from or connected with my use of the sauna whether arising from the negligence of the RELEASEES or otherwise.

1. I acknowledge and accept the risks inherent in the use of the sauna. Other possible risks may include social and economic losses which might result not only from the RELEASEES' own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the condition of the premises or any equipment. Further, that there may be other risks not known or not reasonably foreseeable at this time. I hereby assume full responsibility for all the foregoing risks, known and unknown, and accept responsibility for the damages following any injury, permanent disability, or death.

2. I further acknowledge and understand that the Modoc Nation Wellness Center, its personal trainers, and other employees are not medical doctors or physicians and that any information or guidelines provided by the Modoc Nation Wellness Center, its personal trainers or other employees carries no warranty of any kind, expressed or implied, including, but not limited to, warranties regarding safety or suitability for a particular purpose. I understand that the above-stated entities are not attempting to portray or conduct the activities of a medical doctor.

3. I understand that a physician’s approval is required for certain sauna users and have obtained and provided a signed approval from my physician if I meet one or more of the following criteria: history of stroke, heart attack, multiple sclerosis, circulatory system problems, or diabetes. Sauna use is NOT recommended for anyone who is 1) pregnant, or 2) has a pacemaker. It is also highly recommended that any individual taking any medications consult a physician prior to use of the sauna.

4. I have read this document in its entirety and agree to adhere to all its precepts, as well as all other terms and conditions for use of the Modoc Nation Wellness Center sauna. I understand the risks and benefits of the program and any questions that I may have had have been answered to my satisfaction.

Upon participation, I do hereby discharge, release and hold harmless the Modoc Nation Wellness Center and its employees, the Modoc Nation and its staff and council members, and any other officers, agents or volunteers of the Modoc Wellness Center from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, or resulting from my participation except if such damage(s) or injury(s) is primarily the direct result of gross negligence or misconduct of the RELEASEES and not caused in part by my own negligence.

Modoc Nation Wellness Center  
Terms of Service for Sauna Use

**Sauna users agree to each and all of the following terms:**

<ol style="list-style-type: none"><li>1. Users must be current Modoc Nation Wellness Center members or enrolled for a day or week pass to utilize the facility during sauna sessions.</li><li>2. The Modoc Nation Wellness Center reserves the right to deny services to participants who may not be able to use the sauna safely. A user may be required to consult a physician and/or provide medical clearance documentation before using the sauna.</li><li>3. Do not use the sauna while under the influence of any type of alcohol, drugs, anticoagulants, antihistamines, vasoconstrictor, vasodilators, stimulants, hypnotics, narcotics, or tranquilizers.</li><li>4. All users will wear clothing at all times in the sauna, a minimum of a bathing suit required. All jewelry must be removed, as well.</li><li>5. All users will place a clean towel on any surface they sit or lie down on, as well as a towel on the floor of the sauna. Towels are available for use.</li><li>6. All users will wipe down interior sauna surfaces with a towel after the session is completed.</li><li>7. All users will hydrate properly before and after sauna session. A filtered water station is available for use.</li><li>8. All users will sign the register for each session.</li></ol>	<ol style="list-style-type: none"><li>9. Sauna users between the ages of 13 and 17 must have a supervising adult. Children under 13 are not allowed to use the sauna.</li><li>10. No more than two individuals may use the sauna at one time. Each user must sign a Waiver and Terms of Service, no exceptions.</li><li>11. Sauna sessions are limited to a maximum of 45 minutes. Each individual is limited to one session per day, regardless of session length, no exceptions.</li><li>12. Sauna sessions are first come, first serve. The Modoc Nation Wellness Center will not take reservations for time slots. A list will be posted next to the door for users to establish a “next in line” order.</li><li>13. Modoc Nation Wellness Center staff may enter the sauna area during any session at any time to check on sauna users, for their own safety. Staff will be respectful.</li><li>14. If a sauna user feels dizzy, lightheaded, nauseated, overheated or otherwise unwell, they should immediately discontinue use and advise the staff of Modoc Nation Wellness Center. In a medical emergency, call 911.</li><li>15. Modoc Nation Wellness Center reserves the right to cease or deny services to users for reasons including but not limited to breaking any of the above listed terms of service.</li></ol>
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Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_