

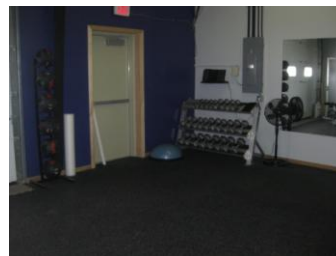
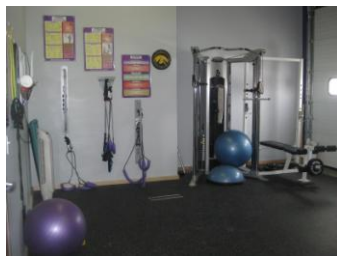
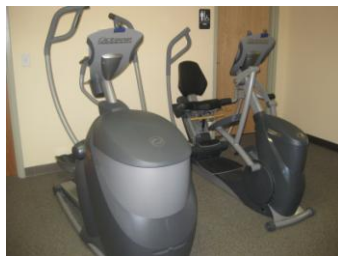
## Terms of Use for Waukee Wellness & Chiropractic Fitness Center



Our goal for our patients is to obtain optimal health with chiropractic care as the foundation. In our clinic, we use various avenues to achieve our goal.

As part of your chiropractic/physiotherapy treatment, we anticipate having you use our exercise equipment area. This area consists of exercise equipment and tables where you may receive treatment. Because of the nature of this arrangement, other patients may see parts of your treatments. We are committed to protecting your privacy and will keep your health information confidential.

Dr. Wes Nyberg is the primary physician in this office and may prescribe fitness activities as needed. All fitness activities will be done under the direct supervision of Dr. Wes Nyberg or his certified or licensed staff. **At no time will any person be exercising without direct supervision from our licensed or trained staff in our facility.** Dr. Nyberg may also suggest that additional exercise may be completed outside of our facility. Our staff would be happy to recommend facilities for your personal use.



The following table lists the equipment we have and possible rehabilitation prescriptions used:

Equipment	Prescribed Uses*
Standing Elliptical	Strength and Endurance
Seated Elliptical	Strength and Endurance
Dual Hoist Machine	Strength
Stability Balls/Bosu Balls	Flexibility & Coordination
Medicine Balls	Strength & Flexibility
Free Weights	Strength
Weight Bench	Strength
Resistance Bands	Strength & Flexibility

\*IOWA CODE: CHAPTER 43 PRACTICE OF CHIROPRACTIC PHYSICIANS

**645—43.1(151) Definitions.** The following definitions shall be applicable to the rules of the Iowa board of chiropractic. “*Active chiropractic physiotherapy*” means therapeutic treatment performed by the patient with the assistance and guidance of the chiropractic assistant including, but not limited to, exercises and functional activities that promote strength, endurance, flexibility, and coordination.

I hereby agree to release, indemnify and hold harmless Waukee Wellness & Chiropractic clinic, its owner & employees from any and all losses, cost, claims, damages, injuries, thefts or liabilities, whatsoever, whether or not based on negligence arising out of or in any way connected with my participation.

Please sign that you have read and understand the previous information regarding the fitness center in our office.

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Printed Name

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Signature

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Date