

RHABDO

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

RHABDOMYOLYSIS ("RHABDO")

RELEASE AND WAIVER

I,

Initial here:

, in consideration for continued access to the training facility

identified herein as , do hereby acknowledge the significant

risks associated with the physical training and programing at this facility. I acknowledge and

attest to having fully and carefully read and reviewed this "RELEASE AND WAIVER"

including all subparagraphs prior to engaging in any physical activity at this facility.

Rhabdomyolysis (hereinafter referred to as "Rhabdo") can occur when an individual's physical activity is so intense that muscular cells begin to breakdown and the contents and/or remaining materials enter the bloodstream. Rhabdo may be caused by many other systemic or environmental causes. However, Exertional Rhabdo can occur in athletes of all levels of fitness, resulting in muscle cell destruction. The skeletal muscle breakdown impairs kidney function as those organs are unable to handle increased enzymes that are released into the bloodstream. This induces severe physiological changes in the body.

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The symptoms of Rhabdo include muscle pain, stiffness and extreme weakness, darkening of the urine (similar to the color of tea or cola), decreased urine output, altered mental status, swelling of the body part involved, either with or without pain.

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I understand and have been advised that generally the pain that is referred to as a Rhabdo symptom is pain out of proportion to the amount of soreness that one would generally expect, often producing pain much quicker than one would expect after a workout.

I understand that any concerns on my part that I am experiencing any of the symptoms of

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Rhabdo require immediate presentation to a hospital for emergency treatment. I acknowledge that no third party, either from the facility or otherwise, will be capable of monitoring my urine output or color, and it is my responsibility to be continually cognizant of this symptom and all other symptoms and to monitor them in my own body at all times. I agree that I will remove myself from participation and seek medical treatment of my own accord should I have any concerns regarding possible symptoms of Rhabdo.

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I acknowledge and understand that all individuals engaged in demanding workouts are potentially exposing themselves to Rhabdo or other injuries/negative physical results. However, I understand that statistically individuals most likely to experience Rhabdo are those who are in good shape by general standards or who were previously in good physical shape. This includes individuals who were prior athletes and/or prior military personnel, law enforcement or firefighters. I acknowledge that often the more mentally tough a potential athlete is and the more athletic they were in the past or currently are, the greater the risk of exposure to Rhabdo.

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I acknowledge and fully understand that statistically the chances of me developing Rhabdo are extremely slight, but I likewise appreciate the necessity that I be aware of the symptoms of this condition. I agree to monitor myself in a manner that is proportionate to the potential injury that can be occasioned by this condition. I acknowledge and understand that I am the only individual capable of determining if I am experiencing Rhabdo symptoms. I hereby agree and do willingly assume responsibility for any risks that I expose myself to and accept full responsibility for any injury or death that may result from participating in this significantly demanding physical activity.

Initial here:

With the opportunity to fully inform myself about Rhabdo and the risks thereof, I knowingly and freely assume and accept all such risks both known and unknown. I assume full responsibility and all risks from my participation in any physical activity at the facility. I for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE and/or their officers, directors, representatives, partners, officials, principals, agents or employees, subsidiaries, or assigns, as well as their independent contractors.

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I hereby acknowledge that I have witnessed that the above party has fully read this document and has been given the opportunity to ask any questions that he/she may have regarding its contents.

Initial here: 

There is a wealth of medical and popular information regarding the condition known as Rhabdomyolysis available on the internet. It is strongly recommended that you review and evaluate information from all sources available to you, including your physician, prior to executing this Release or participating in strenuous physical activity.

Initial here: 

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I agree to these terms.

Today's Date (mm/dd/yy): *

Digital Signature (Firstname & Lastname):

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)
 I agree to use electronic records and signatures