

## Parental Approval Form

<b>Name</b>		<b>Date</b>	/	/	
<b>Street Address</b>		<b>City</b>		<b>Zip Code</b>	

**Email Address**

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**Home Phone**

**Cell Phone**

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As a client of **JD SPORTS PERFORMANCE TRAINING, INC., d/b/a The Athletes Edge (hereinafter referred to as "*The Athletes Edge*")**, I intend to engage in strenuous physical activities. I acknowledge that these activities involve certain risks and I understand that being a part of an Athletes Edge program that I voluntarily assume these risks. I mean to include in the assumption of risk, the risk of injury, no matter how serious. In consideration of being accepted as a client of The Athletes Edge, I hereby release and forever discharge The Athletes Edge and Florida Atlantic University, their respective management, partners, agents, contractors, employees, volunteers and interns (whether acting within the scope of their employment or not) from any claims, demands, or causes of action relating to or arising from my presence or participation in an Athletes Edge program, which may result in injury to me or even death. I intend this release to bind my heirs, executors, assigns, administrators, personal representatives, and myself.

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date