



Athletic Edge Spokane Client Information and Waiver

Follow us on:  

ATHLETE'S INFORMATION

Name: _____ Age: _____ DOB: ____/____/____

Athlete's Phone: _____ Athlete's Email: _____

Address _____
Street City, State, Zip

Team(s) associated with: _____

Position(s): _____

List any injuries/disease or medications that we should know about: _____

WE'D LOVE TO KNOW

How did you hear about us? _____

CONTACT INFORMATION (if under 18 years old)

Athlete's School: _____

Mom: _____ Phone: _____ Email: _____

Dad: _____ Phone: _____ Email: _____

Important Parental Consent and Liability Waiver

I/we, the parents/guardians of the person named above this, hereby give our approval for a duly appointed member of Athletic Edge Spokane, LLC to seek or administer emergency first aid or medical attention requested for the safety or well-being of my/our child while participating in all the activities of Athletic Edge Spokane, LLC., the organizers, sponsors, the supervisors, the attending physician, the hospital medical group involved in the emergency medical attention or first aid of my/our child. I/we, the parents/guardians hereby give my/our approval for participation in any and all activities of Athletic Edge Spokane, LLC. I/we assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/we, the parents/guardians hereby give my/our consent to Athletic Edge Spokane, LLC to use photographs, videotape, motion pictures or other recordings containing my image, and/or voice of my child, as part of Athletic Edge Spokane's marketing and public relations. Athletic Edge Spokane is not responsible for any lost items.

Signed: _____ Date: _____

If under age 18, must be signed by a parent or legal guardian.

Athletic Edge Spokane, LLC / (509)922-6077 / www.athleticedgespokane.com
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