

**Strike Zone Academy  
200 Nonaville Rd  
Mount Juliet, TN 37122  
615-516-5311 or 615-829-4531**

[www.Strikezoneacademy.net](http://www.Strikezoneacademy.net)

**RELEASE OF LIABILITY, WAIVER OF CLAIMS  
AND ASSUMPTION OF RISK AGREEMENT**

**Release and Waiver of Claims**

In consideration of being allowed to participate at the Facility known as Strike Zone Academy, I do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur while attending or participating in any Facility exercise program, sport or physical activity. For allowing me to use the Facility I agree, to the fullest extent permitted by law, as follows:

1. To waive all claims that I have or may have against Strike Zone Academy, LLC, its members, managers, employees, agents, servants, and volunteers arising out of my use of the Facility.
2. To release Strike Zone Academy, LLC, its members, managers, employees, agents, servants, and volunteers from all liability for any loss, damage, injury or expense that I (or my child(ren)/ward(s)) may suffer, arising out of my use of the Facility, from any cause whatsoever, including negligence or breach of contract on the part of Strike Zone Academy, LLC, its members, managers, employees, agents, servants, and volunteers in the operation, supervision, design or maintenance of the Facility.
3. Social Media Release and Waiver – From time to time Strike Zone Academy, LLC may take photos or videos of lessons, training, instruction, etc. For promotional purposes only, these photos or videos may be posted on the Strike Zone Academy website, as well as social media outlets such as Twitter, LinkedIn, Facebook, YouTube or Instagram. Individual names will never be posted on these sites.

**Assumption of Risk**

I am aware that there are certain inherent risks, dangers and hazards associated with engaging in physical activities that can result in serious personal injury or death. As such, I hereby freely agree to assume and accept any and all known and unknown risks of injury associated with any use of the Facility. I further recognize and acknowledge that the risks inherent in engaging in physical activities can be greatly reduced by seeking instruction from a trained professional, consulting with my physician, using common sense and following the Rules and Regulations of the Facility. I certify that I am in good physical condition and have no known disabilities that might be detrimental to my health or well-being.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parent or Guardian must sign if the participant is UNDER 18.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

How did you hear about Strike Zone Academy?

\_\_\_ Friend      \_\_\_ Facebook      \_\_\_ SZA Newsletter      \_\_\_ MJ League Newsletter  
\_\_\_ Yellow Pages      \_\_\_ Twitter      \_\_\_ Yelp      \_\_\_ MJ League Sponsorship  
\_\_\_ Google+      \_\_\_ Other: \_\_\_\_\_