



# Cocoa Expo Sports Center Participant Waiver Form



**PLAYERS, PLEASE READ AND UNDERSTAND BEFORE SIGNING:** *I understand that my participation in the Cocoa Expo Tournament involves risks and dangers of serious and permanent bodily injury and death. I, my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue Cocoa Expo Sports Center Inc., it's Officers, Employees and other officials connected with the facility or event for all liability from participation in the Cocoa Expo Tournament and all tournament related travel, lodging and activities. In addition, I do hereby state that I have my own method of payment for any injuries incurred during participation in the event.*

### **Participant Information:**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Role with team (check one): Player \_\_\_\_\_ Coach/Manager/ Staff \_\_\_\_\_

### **Event Information:**

Sport: \_\_\_\_\_ Event Name: \_\_\_\_\_

Team Name: \_\_\_\_\_ Age Division: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Emergency Contact Information**

*We will use this information to contact you in the case of an emergency .*

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**Coaches: Please collect one form for each player and return the completed forms no later than one week prior to the Event.**

**Mail to: Cocoa Expo Sports Center  
500 Friday Road, Cocoa, FL 32926  
(321) 639-3976  
[www.cocoaexpo.com](http://www.cocoaexpo.com)**