



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: _____

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**