



Cocoa Beach Softball Spring Training - Participant Waiver Form -

PLAYERS, PLEASE READ AND UNDERSTAND BEFORE SIGNING: I understand that my participation in the Cocoa Beach Softball Spring Training 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 Brevard Productions, Inc., it's officers, employees and other officials connected with the facility for event for all liability from participation in the Cocoa Beach Softball Spring Training 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

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: _____ Gender _____ Phone Number: _____

Role with Team (Check One) Player _____ Coach/Manager/Staff _____

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Emergency Contact Information

Cell Phone: _____ Mailing Address: _____

Home Phone: _____

Email 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:

Brevard Productions
Softball Spring Training
2230 Sykes Creek Drive
Merritt Island, FL 32953