

# COASTAL CUP TOURNAMENT SERIES WAIVER SHEET

PARTICIPANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARTICIPANT EMAIL ADDRESS: \_\_\_\_\_

PARTICIPANT USAHIL NUMBER: \_\_\_\_\_ TEAM: \_\_\_\_\_

DIVISION (circle):    8-u    10-u    12-u    14-u    16-u    18-u    Adult

PARENT NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

## WAIVER OF LIABILITY AND MEDICAL TREATMENT AUTHORIZATION

The undersigned understands that roller hockey is a rough and fast-paced sport with a high risk for serious physical injury, including possible death, which risk is hereby voluntarily assumed. In consideration of the participants acceptance into these tournaments, the undersigned does hereby release and forever discharge all entities/persons affiliated with these roller hockey tournaments including, but not limited to, Carolina Sportsplex, Sportsplex Ventures LLC, Plex Indoor Sports, Pyramids Village Sports Center, Dream Sports Center, Charlotte Sports Center, Super Goose Hockey, SportsZone, South Gwinett Athletic Association, Coastal Cup Hockey, USA Hockey Inline and any owners, officers, referees, advisors, coaches, assistants, volunteers and sponsors from any and all claims for damages or injuries which may be suffered by the participant now or in the future at any roller hockey tournaments held by Coastal Cup Hockey, LLC. The undersigned hereby agrees to indemnify and to hold the foregoing entities/persons harmless from such claims by or on behalf of the participant arising now or in the future. The undersigned hereby certifies that to the best of his or her knowledge and belief, the participant is in good physical condition and has no disease or injury that will be aggravated or cause harm to the participant or others in the tournament.

In case of emergency or injury, I hereby authorize Coastal Cup Hockey, LLC and/or its designated employees or agents to seek medical attention for the participant. All related costs will be paid by participant and/or guardian.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If participant is under 18 years of age

Coastal Cup use only: Received: \_\_\_\_\_

USAHIL: WW Annual

