



PENN HILLS SOCCER 2026 AMBUSH TOURNAMENT WAIVER FORM

Please read this waiver carefully and sign where indicated.

Participant Information:

Participant's Full Name: _____

Team: _____

Date of Birth: _____

Parent/Guardian Information:

Parent/Guardian's Full Name: _____

Relationship to Participant: _____

Email: _____ Phone: _____

Waiver Agreement:

I, the undersigned participant/parent/guardian, hereby acknowledge and agree to the following terms and conditions for participating in the Penn Hills Soccer 2026 Ambush Tournament:

1. I understand that soccer is a physical sport that involves inherent risks, and I voluntarily assume all such risks associated with my participation.
2. I will not yell, make derogatory or disparaging comments to the referee, coaches, or other players.
3. I acknowledge that Penn Hills Soccer and its organizers, sponsors, and volunteers are not responsible for any injuries, damages, or losses that may occur during the tournament.
4. I agree to comply with all tournament rules, regulations, and codes of conduct established by Penn Hills Soccer.
5. In the case of a medical emergency, I authorize tournament officials to seek and administer necessary medical treatment for the participant.
6. I understand that photographs and videos may be taken during the tournament, and I grant permission for the use of these images for promotional purposes.
7. I release and hold harmless Penn Hills Soccer, its organizers, sponsors, and volunteers from any and all liability for any injuries, damages, or losses that may arise during the tournament, including COVID transmission.

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to Participant: _____

Phone: _____

Please retain a **copy** of this waiver for your records. Your participation in the Penn Hills Soccer 2026 Ambush Tournament is contingent upon the submission of this signed waiver form.