



# Lebanon Elementary School PTA **MINI MUDDER INFORMATION**

Children Participating in Event:

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Name	Grade	T-Shirt Size
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Name	Grade	T-Shirt Size
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Name	Grade	T-Shirt Size
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Name	Grade	T-Shirt Size
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## REGISTRATION OPTIONS:

**Register Online at:**

<http://getmeregistered.com/LESPTAMiniMudder>

**Mail form & check to:** LES PTA

479 Exeter Rd.

Lebanon, CT 06249

**OR**

**Scan the QR Code for the website:**



**Email form to:** [lebanonelementary@gmail.com](mailto:lebanonelementary@gmail.com)

**AND**

**Send payments via Venmo to:**

[@LebanonElementary-PTA.](https://www.venmo.com/LebanonElementary-PTA)

Please use your **Child's Name - Mini Mudder**  
in the Memo

**LOOKING FORWARD TO SEEING YOU AT THE MINI MUDDER!**

OVER FOR MORE

Participation in this event involves physical activity. Each participant determines his/her level of participation. In consideration for participation of the activity listed above, I hereby waive, absolve and agree to hold harmless the LES PTA and Town of Lebanon, volunteers and participants from claims arising out of injury to myself/child.

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Signature of Parent/Guardian	Date	Phone Number
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Print Name	E-Mail Address
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In consideration of being allowed to participate in any way in the Mini Mudder sponsored or authorized by the Lebanon Elementary School PTA, I the undersigned, acknowledge, appreciate, and agree that: I am aware there are risks to me of exposure to, directly or indirectly, arising out of, contributed to, by, or resulting from an outbreak of any and all communicable diseases, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE LEBANON ELEMENTARY SCHOOL PTA AND ITS AFFILIATED MEMBERS, and their respective officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct any program, event, or activity (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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Signature of Parent/Guardian	Date	Phone Number
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I grant permission to the Lebanon Elementary School PTA to publish event-related photographs/videos of my child for committee related promotion, marketing and printed materials. My child’s name will never be used in any publication without my prior written parental consent.

<input type="checkbox"/> Yes - I give my consent	<input type="checkbox"/> No - I DO NOT consent
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Signature of Parent/Guardian	Date	Phone Number
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