CYCLE 2022 COVID-19 Release Form

I/We the undersigned parent(s) or guardian(s) of(Youth's I			Full Name)
if my/our son/daughter of	NRECA, their office ontracts the COVID	AMEC ers, members, staffs, and	, the local associated organizations Youth Tour to Washington
•	•	n/daughter will abide by all areas and guidelines set for	•
Signed at(city)		,, this (state) (day)	
day of, (month)	 (year)	Social Security # for You	th
Mother's or Guardian Signature		Father's or Guardians Signature	
 Date		 Date	