## CYCLE– Consent for Medical Treatment, Liability, and Publicity Release Form

I/We t	he undersigned	parent(s) or guardia	n(s) of						
	(Youth's full name)								
give my/our consent for him/her to participate in the CYCLE Conference from									
July _	<u>13, 2022</u>	, through July	<u>15, 2022</u>	, sponsored by <u>Association of Missour</u>	<u>i_</u>				
<u>Electri</u>	c Cooperatives	(AMEC) and							

(Your sponsoring cooperative)

I/We understand that this participation involves travel within <u>Missouri</u>, and that at times my/our son/daughter may be traveling and/or participating in activities without the direct supervision of a chaperone. I/We authorize and direct <u>AMEC</u>, through their staffs and volunteer chaperones, to direct and supervise my/our son/daughter. I/We further request and authorize <u>AMEC</u>, through their staffs and volunteer chaperones, to secure any medical or other emergency services the said staffs and volunteer chaperons in their reasonable discretion may deem necessary or desirable for my/our son/daughter during his/her participation in the CYCLE Conference.

I/We hereby release and agree to hold harmless <u>AMEC</u>, their officers, members, staffs, and associated organizations together with their heirs, successors, or assigns from any and all causes of action, claims, damages, costs, expenses, compensation, personal injury, property loss, or any other loss or injury related to participation by my/our son/daughter during his/her participation in the CYCLE Conference.

I/we hereby grant permission to \_\_\_\_\_\_\_AMEC\_\_\_\_\_, and their members to use photographs, likenesses, and/or videotape images of my/our son/daughter for publicity purposes including print, web and social media related to this activity.

Signed at			,		
-		(city)	(state)	(day)	
day of _	(month)	_,(year)	. Social Security # for Y	′outh	- <u></u>
	Mother's	or Guardian Signa	ture Fa	ather's or Guardians Signati	ure

Date

Date