Washington, D.C. Youth Tour – Consent for Medical Treatment, Liability, and Publicity Release Form

I/We the unde	ersigned parent(s) or g	uardian(s) of			
give my/our co	onsent for him/her to p	earticipate in the Rura	(Youth's full al Electric Washir	<i>name)</i> ngton Youth Tour from	
June <u>13, 2</u>	2 <u>022</u> , through	June19, 2022_	, sponsored	by _Association of Missouri_	
Electric Coop	eratives (AMEC), and	the National Rural E	lectric Cooperativ	ve Association (NRECA).	
I/We understa	and that this participation	on involves travel wit	hin and outside _	Missouri, and that at tim	es
my/our son/da	aughter may be traveli	ng and/or participatir	ng in activities wit	hout the direct supervision of	
a chaperone.	I/We authorize and dir	ect <u>AMEC</u> , a	nd NRECA, throu	ugh their staffs and volunteer	
chaperones, t	o direct and supervise	my/our son/daughte	er. I/We further re	equest and authorize	
AN	MEC	and NRECA, throug	gh their staffs and	d volunteer chaperones, to secu	ıre
any medical o	or other emergency ser	vices the said staffs	and volunteer ch	naperons in their reasonable	
discretion may	y deem necessary or o	desirable for my/our	son/daughter dur	ing his/her participation in the	
Electric Coop	erative Washington Yo	outh Tour.			
I/We hereby r	elease and agree to he	old harmless	AMEC	, the local co-	-ор
and NRECA,	their officers, members	s, staffs, and associa	ated organization	s together with their heirs,	
successors, o	or assigns from any and	d all causes of action	n, claims, damage	es, costs, expenses, compensa	tion,
personal injur	y, property loss, or any	other loss or injury	related to particip	pation by my/our son/daughter	
during his/her	participation in the Ru	ıral Electric Washing	ton Youth Tour.		
I/we hereby g	rant permission to	AMI	<u>≡C</u>	, the local co-op ar	nd
NRECA to use	e photographs, likenes	ses, and/or videotap	e images of my/o	our son/daughter for publicity	
purposes inclu	uding print, web and so	ocial media related to	this activity.		
.					
Signed at	(city)	,(sta	, this _ te)	(day)	
	((33)	
day of(mon	nth) (year)	Social Secu	rity # for Youth_		
(() - 2/				
Mother's or Guardian Signatu		ignature	Father's	or Guardians Signature	
	 Date			 Date	