

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

I/We the undersigned parent(s) or guardian(s) of \_\_\_\_\_  
(Youth's full name)

give my/our consent for him/her to participate in the Rural Electric Washington Youth Tour from June 15, 2025, through June 21, 2025, sponsored by Association of Missouri Electric Cooperatives (AMEC), and the National Rural Electric Cooperative Association (NRECA).

I/We understand that this participation involves travel within and outside Missouri, 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 AMEC, and NRECA, through their staffs and volunteer chaperones, to direct and supervise my/our son/daughter. I/We further request and authorize AMEC, and NRECA, 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 Electric Cooperative Washington Youth Tour.

I/We hereby release and agree to hold harmless AMEC, the local co-op and NRECA, 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, illness or injury related to participation by my/our son/daughter during his/her participation in the Rural Electric Washington Youth Tour.

I/we hereby grant permission to AMEC, the local co-op and NRECA 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 \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_  
(city) (state) (day)

day of \_\_\_\_\_, \_\_\_\_\_. Social Security # for Youth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(month) (year)

\_\_\_\_\_  
Mother's or Guardian Signature

\_\_\_\_\_  
Father's or Guardians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM TO [CMASSMAN@AMEC.ORG](mailto:CMASSMAN@AMEC.ORG)**