

CYCLE– 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 CYCLE Conference from
July 15, 2025, through July 18, 2025, sponsored by Association of Missouri
Electric Cooperatives (AMEC) and _____.
(Your sponsoring cooperative)

I/We understand that this participation involves travel within 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, through their staffs and volunteer chaperones, to direct and supervise my/our son/daughter. I/We further request and authorize AMEC, 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 AMEC, 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 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 _____, _____, this _____
(city) (state) (day)

day of _____, _____ Social Security # for Youth _____ - _____ - _____
(month) (year)

Mother's or Guardian Signature

Father's or Guardians Signature

Date

Date