

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 and sponsoring co-op)
give my/our consent for him/her to participate in the Rural Electric Washington Youth Tour from
June 14, 2026, through June 20, 2026, 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