ICUA YOUTH RALLY - CONSENT AND RELEASE FORM

We, I, the undersigned parent(s) or guardian(s) of _____ (Youth's Full Name) give our consent for him/her to participate in the Idaho Consumer-Owned Utilities Association Youth Rally at College of Idaho, Caldwell, Idaho from July 11 to July 16, 2022.

We, I, and our son/daughter have reviewed and accept the ICUA Youth Rally Rules of Conduct. We authorize and direct ICUA, through its staff and chaperones for the trip, to direct and supervise our son/daughter; we further request and authorize ICUA staff or chaperones to secure any medical or other emergency service deemed necessary or desirable for our son/daughter while attending the Youth Rally.

The undersigned Participant and parents/guardians hereby release the Idaho Consumer-Owned Utilities Association (ICUA), its officers, members and associated organizations together with their heirs, successors or assigns of and from any and all action, causes of action, claims, damages, costs, expenses, compensation, personal injury, property loss or any other loss or injury received or incurred by the Participant during the period specified above as well as travel time to and from the Rally. (See Designation of Beneficiary Form for insurance coverage.)

The undersigned Participant and parents/guardians hereby authorize ICUA, its officers, members and associated organizations to publish the photographs taken of me, and my name. I acknowledge that since my participation in publications and websites produced by ICUA is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by ICUA confers upon me no rights or ownership whatsoever. I release ICUA, its officers, members and associated organizations from liability for any claims by me or any third party in connection with my participation.

Family Medical Insurance Carrier: _____ Policy #: _____

PLEASE INDICATE IF YOUR SON/DAUGHTER HAS ANY ALLERGIES, REQUIRES SPECIAL MEDICATION OR OTHER SPECIAL CONSIDERATIONS:

Signed this	day of	, 2022.
		Parent/Guardian Signature
		Participant Signature
State of		Participant Social Security Number
County of		SS:
Subscribed and sworn t	to before me t	his day of, 2022

Notary Public Commission Expires:

ICUA YOUTH RALLY - DESIGNATION OF BENEFICIARY

l,	, of			
Name of Participant		Address		
do hereby designate	nereby designate			
	Name of Beneficiary		Address	
				as

my insurance beneficiary during the 2022 ICUA Youth Rally the week of July 11, 2022.

I understand this insurance will be in effect from the time I leave home for the trip until the time I return home from the trip. I further understand the insurance is an *accident policy* that includes \$10,000 benefits for death or dismemberment and covers the medical costs for injuries incurred during the Rally. It *does not cover* illness, colds, flu, disease, etc. and covers only accidents that happen during the Rally. It will not cover an accidental injury that occurred before the start of the Rally.

Signature of Participant

Date