

# Advisor Statement of Assurance

As the advisor responsible for the students attending this event, I confirm that:

- I have reviewed the Medical Release Form and the Code of Conduct with my students. I will have a completed copy of the Code of Conduct for each student attending in my possession for the duration of the above event, including travel to and from this event.
- I understand that WAHOSA will not collect the individual Code of Conduct forms for this event and that they are to be kept in my possession.
- I understand that students attending the above event will have the opportunity to participate in activities outside of the conference facility, thus requiring walking or further public transportation. I have discussed this with the students and their parents/guardians and have also informed them of proper etiquette and safety precautions while traveling in/around metropolitan areas.
- I understand that I am expected by WAHOSA to remain on-site with my students.
- I understand that proper completion of the Medical Release and Code of Conduct forms provides the best protection for my students' needs and my liability during a WAHOSA event.
- I have checked with my administrator and have secured authorization for my chapter to travel to this event and have reviewed all school/district policies regarding supervision of students on trips and will abide by them.
- The responsibility for the safety of the delegates from this chapter rests with the person(s) signing this Statement of Assurance.
- I will participate in all general sessions during the conference and fulfill my assigned responsibilities during the conference.
- I will patrol the halls of conference venues, stay up until students and/or halls are quiet for overnight stays, enforce the conference Code of Conduct & Dress Code, and regularly check-in with my students.
- I will ensure that myself and chaperones assisting me will:
  - Be 21 or older
  - Follow the conference Code of Conduct and Dress Code
  - Act responsibly and interact appropriately with students

I have read the above and hereby offer assurance I understand and agree to comply with the policies stated here and on the Medical Release & Code of Conduct forms, indicated by my signature below.

**Advisor Printed Name:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_

**Chapter/School Name:** \_\_\_\_\_

**Chapter/Charter #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

