

# Washington HOSA Statement of Assurance

State Leadership Conference March 9-11, 2023

Advisors attending WA HOSA events must review and sign this statement of assurance. This form will be collected at the SLC registration desk.

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 WA HOSA 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 WA HOSA 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 WA HOSA 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 people 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 (even during the day, if necessary), stay up until students and/or halls are quiet, enforce the conference Code of Conduct and 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 that I understand and agree to comply with the policies stated on the Medical Release and Code of Conduct forms as indicated by my signature appearing below.

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

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

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

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

