**STATEMENT OF ASSURANCE**

Advisors attending Western Region DECA events must review, sign/type, and upload this statement of assurance along with their online registration materials for DECA WRLC 2014.

 Event: \_\_\_DECA Western Region Leadership Conference (Anaheim, CA)\_\_\_\_\_\_\_

 Date: \_\_\_November 13 – 15, 2014\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* I have reviewed the permission/medical release form with my students and I will have a completed copy of the permission/medical release form for each student attending in my possession for the duration of the above event, including travel to and from this event.
* I understand that DECA WRLC will not collect the individual student 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 proper completion of the permission/medical release form provides the best protection for my students’ needs and my liability during a DECA WRLC 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.
* DECA WRLC requires a chaperone to student ratio of 1:10 at all events.
* 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 Permission Forms as indicated by my signature appearing below. (Typing/writing your name in the box below serves as your signature and confirmation of understanding):

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| --- | --- |
| Advisor Signature: |  |
| Chapter Name: |  |
| Date: |  |