

STATEMENT OF ASSURANCE

Advisers attending Washington FCCLA events must review, sign, and return this statement of assurance along with their registration materials for each Washington FCCLA conference/event.

ACTIVITY: Washington FCCLA State Leadership Conference
DATE: March 5-8, 2024
WHERE: The DoubleTree and Spokane Convention Center, Spokane, WA

As the adviser 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 Washington FCCLA 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 Washington FCCLA 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 Permission Forms as indicated by my signature appearing below. (Typing/writing your name below serves as your signature and confirmation of understanding):

Adviser Signature: _____

Chapter Name: _____ Date: _____