

## Adviser Statement of Assurance

As the adviser responsible for the students, chaperones, and guests attending this event, I confirm that:

- I have reviewed this Student/Adviser Participation Forms packet with all delegates attending this event from my chapter.
- I have reviewed the delegate Permission/Medical Release Form with my delegates who are under age 21, and I will have a completed copy of the fully signed form for each student attending in my possession for the duration of the event, including travel to and from this event.
- I have reviewed the Chaperone/Guest/Alumni Conduct Code Form with each participant who will be attending in this capacity, and I will have a signed copy of the form in my possession at this event.
- I will ensure that chaperones who will be assisting me will:
  - Be 21 or older;
  - Follow the Chaperone/Guest/Alumni Conduct Code and Dress Code;
  - Act responsibly and interact appropriately with students.
- I understand that proper completion of the Delegate Permission/Medical Release/Publicity Authorization Form provides the best protection for my delegates' needs and my liability during this Oregon FCCLA event.
- I understand that Oregon FCCLA will not collect the individual delegate forms for this event, that they are to be kept in my possession, and the Oregon FCCLA State Director or State Adviser might ask to see them.
- I have reviewed, signed, and sent the State Director a copy of the Adviser Conduct Code before the first FCCLA State sponsored activity during this year, July 1 - June 30.
- If this is not the first State sponsored event of the year, I have recently reviewed the Adviser Conduct Code to refresh my memory on my responsibilities as an adviser for this event.
- I understand that students attending the above event may have the opportunity to participate in activities outside of the conference facility, thus requiring walking or further public transportation. If this is the case for this event, I have discussed this with my students and their parents/guardians and have also informed them of proper etiquette and safety precautions while traveling in/around metropolitan areas.
- I have checked with my administrator, and have secured authorization for my chapter to travel to this event. I have reviewed and complied with all school/district policies regarding travel and supervision of students on trips and will abide by them.
- Oregon FCCLA requires a minimum chaperone to student ratio of 1:10 at all events. Our delegation meets this minimum requirement, unless our district has a lower chaperone to student ratio.
- I understand the responsibility for the safety of the delegates from this chapter rests with the adviser who signs this Statement of Assurance.
- I will participate in all general sessions, workshops, and scheduled activities as well as fulfill all 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 student Conduct Code and Dress Code, and regularly check-in with my students.

I have read the above and hereby offer assurance that I understand and agree to comply with the policies stated on the Conduct Forms as indicated by my signature appearing below.

(Typing/writing your name in the box below serves as your signature and confirmation of understanding):

Adviser Name (Please print):	
Adviser Signature:	
Chapter Name:	
Date:	