

## Advisor Statement of Assurance

Advisors attending Oregon HOSA events must review, sign, and return this statement of assurance along with their registration materials for each Oregon HOSA conference/event.

Event:

Date:

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 Oregon HOSA 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 may 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 an Oregon 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, 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:
  - 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.

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Chapter \_\_\_\_\_

\*\*Please submit this completed form to the Oregon HOSA State Office\*\*

Email: [stateadvisor@oregonhosa.org](mailto:stateadvisor@oregonhosa.org)