

Washington HOSA Statement of Assurance

Virtual State Leadership Conference March 7-11, 2022

Advisors attending WA HOSA events must review and sign this statement of assurance. This form should be emailed to office@wahosa.org.

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

- I will have read and reviewed the Security and Ethics Statement with my student delegates.
- 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 proper completion of the Code of Conduct form provides the best protection for my students' needs and my liability during a WA HOSA event.
- 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 enforce the conference Code of Conduct, Security and Ethics Statement and regularly check-in with my students.
- I will ensure that I 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 Code of Conduct and Security & Ethics Statement as indicated by my signature appearing below.

Printed Name: _____

Advisor Signature: _____

School/Chapter Name: _____

Date: _____

