



STATEMENT OF ASSURANCE

Conference: DECA Western Region Leadership Conference (WRLC) 2017

Conference Dates: November 16-19, 2017

Conference Location: Phoenix, AZ – Hyatt Regency Downtown/Phoenix Convention Center

Each Chapter Advisor attending the Western Region Leadership Conference (WRLC) must review the following statement of assurances, sign and date where indicated, and upload the completed document to the DLG registration system along with their chapter's online registration. Please see the Registration Guide for upload instructions.

As the advisor responsible for the students of the chapter listed below, I confirm I have read and agree to the following:

- I have obtained the proper approvals and permissions to attend WRLC from my school's administration, district officials, and DECA association office as deemed necessary by the policies of those entities
- I will remain in compliance with all of my school district's policies for chaperoning students for the duration of the conference including travel and ensure that all chaperones under my supervision follow the same policies
- I will maintain a chaperone to student ratio of 1:15 at all times during the conference
- All advisors and chaperones supervising students at the conference are 21 years of age or older
- I will enforce the Conference Code of Conduct and Conference Dress Code as specified in the Registration Guide and Conference Program
- I will be accessible to my students in the case of emergency at all times during the conference including travel
- I understand that in order to participate in conference events attendees will be required to walk short distances between facilities in downtown Phoenix. I have discussed proper etiquette safety precautions in a busy, downtown metropolitan area with the students.
- I understand that the behavior of the students in my chapter is my sole responsibility as the advisor of the chapter and all disciplinary actions are to be handled by myself, school administration and/or by the DECA association office associated with the student
- WRLC Staff will immediately notify the signer of this document in the event of student behavior issues and expect an appropriate level of disciplinary action to be taken immediately in order to remedy the situation
- If I do **not** take sufficient remediation as deemed by the Conference Director in the event of behavioral issues with one of my students, I understand that the Conference Director reserves the right to involve the association director and local authorities if necessary.
- I have reviewed the Permission and Medical Release Form with my students and I will have a **fully completed** copy of the Permission and Medical Release Form for **each** student on my person for the duration of the conference including travel. I further agree that I will be able to immediately furnish these forms to WRLC Staff upon request. Digital copies are acceptable so long as all information and signatures are legible.

I certify that I have read and fully understand the above statements and hereby agree to comply with the terms as stated indicated by my signature below.

Advisor Name: _____

Chapter Name: _____

Advisor Signature: _____

Date: _____