



# Missouri FBLA Adviser Assurance Form

I, \_\_\_\_\_, and I, \_\_\_\_\_, as representatives  
(Adviser Name) (Principal/Director Name)

for the FBLA chapter at \_\_\_\_\_, hereby certify that:

(School Name)

_____	_____	All conference-registered school representatives (including but not limited to students, instructors, advisers, and observers) participating in Missouri FBLA sponsored conferences, will complete the <b>Comprehensive Consent Form</b> .
Adviser Initials	Principal Initials	
_____	_____	The <b>Comprehensive Consent Forms</b> of all conference-registered school representatives (including but not limited to instructors, advisers, and observers) will remain in my possession at all times during any Missouri FBLA sanctioned conference.
Adviser Initials	Principal Initials	
_____	_____	I understand that, under no circumstances (other than those approved by the State Adviser and/or State Chair) I may leave the conference premises without my student(s) for the entire duration of the conference. I agree to be the responsible party for my students and their actions.
Adviser Initials	Principal Initials	
_____	_____	I agree to supervise my student(s) for the entire duration of time they choose to swim in any aquatic facilities on any property during the conference. I understand that I, as the adviser, cannot allow any student barred from swimming (per their parent/guardian on the Comprehensive Consent Form) from utilizing any aquatic facility.
Adviser Initials	Principal Initials	

I have communicated the complete contents of this signed Assurance page with all Conference-registered school representatives (including but not limited to students, instructors, advisers, and observers).

\_\_\_\_\_  
(Signature of School Adviser) (Date) (E-mail)

\_\_\_\_\_  
(Signature of Principal/Director) (Date) (E-mail)

*In the event of an emergency regarding you as the adviser that would prevent you from appropriately supervising your students, who should Missouri FBLA contact?*

\_\_\_\_\_  
(Personal Emergency Contact Name) (Personal Emergency Contact Phone Number)

\_\_\_\_\_  
(School Emergency Contact Name) (School Emergency Contact Phone Number)