

# **Missouri DECA Statement of Assurance**

---

Please Type/Print

School\_\_\_\_\_

Received\_\_\_\_\_

Advisor\_\_\_\_\_

I, \_\_\_\_\_, have properly completed and signed Missouri DECA  
*Advisor's Name*  
Comprehensive Consent Form on file for each student attending the Missouri  
DECA activities. By signing below, I am also indicating that I will have the  
Missouri DECA Comprehensive Consent Form in my possession for the duration  
of all DECA activities, including travel to and from these activities. I also  
understand the following:

1. Missouri DECA will not collect the Comprehensive Consent Form prior to or at Missouri DECA activities.
2. The Missouri DECA Comprehensive Consent Form, when properly and totally completed, provides the best protection for my student's medical needs and my liability during these activities.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter Advisor Signature

\_\_\_\_\_  
School Official Signature

**PLEASE RETURN THIS FORM TO THE STATE ADVISOR PRIOR TO ATTENDING YOUR FIRST STATE ACTIVITY.**