



# Missouri Collegiate DECA Statement of Assurance

Please Type/Print

School \_\_\_\_\_

Received: \_\_\_\_\_

*Office Use Only*

Advisor \_\_\_\_\_

I, \_\_\_\_\_, have properly completed and signed copies of the Missouri  
Advisor's Name  
Collegiate DECA Comprehensive Consent Form on file for each student attending Missouri  
Collegiate DECA activities.

By signing below, I am also indicating that I will have the Missouri Collegiate DECA  
Comprehensive Consent Form in my possession for the duration all Collegiate DECA activities,  
including travel to and from these activities. I also understand the following:

1. Missouri Collegiate DECA will not collect the Comprehensive Consent Form prior to or  
at Missouri Collegiate DECA activities.
2. The Missouri Collegiate DECA Comprehensive Consent Form, when properly and totally  
completed, provides the best protection for my students' medical needs and my liability  
during either of 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 STATE ADVISOR PRIOR TO ATTENDING YOUR FIRST STATE ACTIVITY.**