



***SkillsUSA Missouri School Advisor Assurance Form
(for the Registration, Personal and Liability Release Forms)***

I, _____ (Name), School Advisor for

(School Name/SkillsUSA Missouri Chapter)

Verify that:

- All conference-registered school representatives (including but not limited to students, instructors, advisors, and observers) participating in the 2014 SkillsUSA District Championship Conference have completed the **Registration, Personal and Liability Release Form**
- All **Registration, Personal and Liability Release Forms** of all conference-registered school representatives (including but not limited to instructors, advisors, and observers) will remain in my possession at all times during the 2014 SkillsUSA District Championship Conference.
- All conference-registered school representatives (including but not limited to students, instructors, advisors, and observers) participating in the 2014 SkillsUSA District Championship Conference will keep on their person a copy of their **Registration, Personal and Liability Release Form** at all times during the Conference.

I recognize and understand that SkillsUSA Missouri will NOT collect the **Registration, Personal and Liability Release Forms** of my conference-registered school representatives (including but not limited to students, instructors, advisors and observers). I also have communicated the complete contents of this signed Assurance page with all Conference-registered school representatives (including but not limited to students, instructors, advisors, and observers).

(Signature of School Advisor)

(Date)

(Signature of School Principal/Director/Dean)

(Date)