



Appendix A: Adviser Assurance Form

Iowa FBLA

Adviser Assurance Form (for the Comprehensive Consent Form)

I, _____, Chapter Adviser for _____, verify that:
(Name of Adviser) (FBLA Chapter)

All conference-registered school representatives (including but not limited to students, instructors, advisers and observers) participating in Iowa FBLA sponsored conferences, have completed the Comprehensive Consent Form.

The Comprehensive Consent Forms 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 Iowa FBLA sanctioned conference.

I understand that, under no circumstances (other than those approved by the State Adviser and/or State Chair) I may not leave the conference premises for the entire duration of the conference. I agree to be the responsible party for my students and their actions.

I recognize and understand that Iowa FBLA will NOT collect the Comprehensive Consent Forms of my conference-registered school representatives (including but not limited to students, instructors, advisers 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, advisers and observers).

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

(Signature of Principal/Director/Dean) (Date) (E-mail)