

**Valencia College
Conference Delegate Contract**

Student VID: _____
Campus: W E O
Cohort: BR 2020

I, _____, hereby agree to fulfill all the terms listed below as a delegate to **Bridges to Success from Dates: June 2020 to June 2021.**

1. I understand that, as representative of Valencia College, I will stay in the hotel room, as registered.
2. I will attend pre-conference, on-site, and post-conference delegation meetings.
3. I will attend and participate in all aspects of the conference, except as excused by the advisor attending the conference.
4. I realize that I am a representative of Valencia College, and that I have been chosen by my organization to represent it and its interests. As such a representative, I understand that any actions I take at the conference will negatively or positively affect opinions of others about our organization and Valencia College.
5. As a delegate, I will engage in behaviors that are responsible and mature. The consumption of alcoholic beverages (regardless of age), intoxication, use of illegal substances, abusive and/or inappropriate behavior is in violation of college rules and may result in dismissal from the delegation and the conference. If I am asked to leave, I understand that I must reimburse the organization and/or Valencia College for any expenses they incurred for my participation at the conference.
6. I will submit a conference evaluation and written report to Student Development no later than one week upon my return.

I understand that by signing this agreement I am making a commitment to go on this trip. If I should cancel, I will reimburse Valencia for any expenses incurred.

DELEGATE (Sign): _____

DATE: _____

VID: _____

EMERGENCY CONTACT INFORMATION:

Name _____

Address _____ City _____ Zip _____

Phone # _____

List Medications/Allergies: _____

If you are under the age of 18 have a parent or legal guardian read and sign the following statement:

I, _____ (Print Name), have read the statement above. I give permission to the advisor Accompanying _____ (print student's name) to act on my behalf if medical attention is needed or in the case of another emergency.

Parent/Guardian Signed: _____ Date: _____