



# Sample ASGA Attendee Contract

I, [\_\_\_\_\_] [YOUR NAME], hereby agree to fulfill all of the terms listed below as a delegate to the [\_\_\_\_\_] [NAME OF ASGA CONFERENCE].

1. I understand that as a representative of [\_\_\_\_\_] [NAME OF STUDENT GOVERNMENT] at [\_\_\_\_\_] [NAME OF INSTITUTION], I will stay with the delegation at the hotel (if applicable) and return with it if transportation is provided by the college/university.
2. I will attend all pre-conference, on-site, and post-conference delegation meetings.
3. I will attend and participate in all those aspects of the conference which are required by my institution.
4. I realize that I am a representative of [\_\_\_\_\_] [NAME OF INSTITUTION], and that I have been chosen by my organization to represent it and its interests. As a representative, I understand that any actions I take at [\_\_\_\_\_] [NAME OF ASGA CONFERENCE] will positively or negatively affect the image and perception of my organization and my college/university.
5. As a delegate, I will engage in behaviors which are responsible and mature. Intoxication, use of illegal substances, and abusive or inappropriate behavior may result in breaking of conference, hotel, or college/university rules and may result in dismissal from the delegation and conference. If I am asked to leave, I understand that I must reimburse the organization and my college/university for any expenses incurred for my participation in the conference.
6. I will submit a written conference evaluation to the office of student activities/student life/student government.
7. I agree to appear before student government following the conference to explain my participation in the conference and to share the information I obtained.
8. I hereby certify that I am a duly enrolled student in good academic standing at [\_\_\_\_\_] [NAME OF INSTITUTION], and I release my cumulative grade point average to the office of student activities for verification of academic standing.

**Attendee Signature** \_\_\_\_\_

Attendee Name \_\_\_\_\_

Date \_\_\_\_\_

**Professional Staff Witness Signature** \_\_\_\_\_

Witness Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_