HOTT Days 2025 Affidavit of Compliance for Adult Leaders

Group name:	
I	hereby declare that I have visually reviewed
and checked the background search i	results and voluntary disclosure statements for all
the adult members of my group who	will be having or could have direct unsupervised
contact with minors unaccompanied l	by a parent or guardian at HOTT Days 2025.
I declare that no one in the group ha	s a background search result that would exclude
them from their role at the event and	I that anyone with a record of criminal conviction or
crimes against a person, was identifie	ed clearly to HOTT Days 2025 leadership and that
said leadership provided written ackn	lowledgement that this individual's record does not

I also declare that all adult members of my group who will be having or could have direct unsupervised contact with minors unaccompanied by a parent or guardian at HOTT Days 2025 have completed a State of Texas approved sexual abuse awareness program.

exclude them from participation in the event.

Our group's organization further accepts and takes any and all liability for the actions of any individual with a criminal history granted an exception for participation.

I declare that none of the group members that will attend have voluntarily disclosed any background information that causes concern for the safety of the minors at camp, **or** we have obtained explicit written approval for attendance from HOTT Days 2025 leadership regarding any group member of concern. I further attest that the registration information submitted by our adult leaders is complete and accurate.

I hereby affirm and acknowledge, by signing below, that all of my statements are true and complete, and that any misrepresentation or omission may be grounds for rejection or dismissal of members of the group from HOTT Days 2025. On behalf of the group, I acknowledge being informed here that travel costs for the departure of any group members dismissed after arrival will not be compensated by HOTT Days. I understand HOTT Days may at its sole discretion choose to refund registration fees for all or a portion of the program on a pro-rated basis for non-qualifying or dismissed group members. Furthermore, I attest that I have the authority to commit to this agreement for this group's organization.

Signature	Position or Role	Date	
State of	City/County of		
This statement was signed and sworn to before me this day of			
, 20			
	Cor	nmission Expires	
	Not	tary Public	

Affix Seal: