

| PLEASE TIPE OR F  | KINI LLGIDLI  |                     |                    |                  |  |
|---|---|---------------------|--------------------|------------------|--|
| Chapter Name:   | Chapter Num   | nber:               | Gr                 | aduate Undergrad |  |
| Purpose of Event:   |   | Location of Ev      | rent (Venue Name): |                  |  |
| Date(s):  | Physical Address (No P. O   | ). Box):            |                    |                  |  |
|   | City  | State               |                    | Zip              |  |
| *Venue Contact Nam  | ne(s):  |                     |                    |                  |  |
| *Phone No.:   | Fax No:   |                     | *E-Mail            |                  |  |
| *Must Be Provided-N   | lo Exceptions!  |                     |                    |                  |  |
| EVENT ACTIVITIES  | 6 (All Undergraduate Chapters even                                      | ts must he Non-     | -Alcoholic)        |                  |  |
|   |   | ts must be Non-     | Alcoholicy         |                  |  |
| Type of event and de  | talls:  |                     |                    |                  |  |
|   |   |                     |                    |                  |  |
|   |   |                     |                    |                  |  |
| Athletic Event?   | Athletic Event? Yes No If yes, waivers are needed for each participant. |                     |                    |                  |  |
| Will special event attendees be transported to event?  Yes  No  |   |                     |                    |                  |  |
| If yes, list name and address of third party transportation vendor. (Attach copy of contract)   |   |                     |                    |                  |  |
| ADMINISTRATION  | •   |                     |                    |                  |  |
| Event Chairman:   | Name:   |                     | Phone#:            |                  |  |
|   | Email:  |                     |                    |                  |  |
| 2. Is there a co-spo  | onsor? Yes No Ifyes, V  | Who?                |                    |                  |  |
| Does the co-sponsor have insurance? Yes No  |   |                     |                    |                  |  |
| Note: If your chapter's 501c(3) foundation contracts with the venue for named event, list your foundation as co-sponsor of the event. |   |                     |                    |                  |  |
| Is a sorority involved in planning or working the event? Yes No   |   |                     |                    |                  |  |
| 3. Planned Attenda  | ince:   |                     |                    |                  |  |
| 4. Will there be a s  | pecial construction, alterations or decoration                          | ons for this event? | Yes                | No No            |  |
| If Yes, explain:  |   |                     |                    |                  |  |
| 5. Has this event be  | een held in the past? Yes   | No How              | w many times?      |                  |  |
| 6. Will alcohol beve  | erages be served/permitted? Yes   | No IF Y             | ES, YOU MUST COMP  | LETE ADDENDUM #1 |  |



| VEN      | IDOR/VE  | NUE MA                 | NAGEMENT                             |                        |                   |                       |                      |                    |
|----------|--|------------------------|--------------------------------------|------------------------|-------------------|-----------------------|----------------------|--------------------|
| 7.       | What is n  | ame of the             | third party security                 | provider?              |                   |                       |                      |                    |
|          | (Attach copy of contract, license or authorization to provide security.)                               |                        |                                      |                        |                   |                       |                      |                    |
| 8.       | 3. Are Certificates of Insurance obtained from vendors/venue/private security company? (If applicable) |                        |                                      |                        |                   |                       |                      |                    |
|          | A.   | Liquor Leg             | gal Liability                        | Yes                    | No                | NA                    |                      |                    |
|          | В.   | General L              | iability                             | Yes                    | No                | NA                    |                      |                    |
| 9.       | Has vend   | or(s) provid           | ded proof of liquor lic              | cense and/or tem       | porary license t  | o serve alcohol on pr | emises? (If applical | ole)               |
|          |  |                        |                                      | Yes                    | No                | NA 📗                  |                      |                    |
| 10.      | Is the frat  | ternity nam            | ned as an additional i               | nsured on all cert     | ificates from ve  | ndors/venue? (If app  | licable)             |                    |
|          |  |                        |                                      | Yes                    | No                | NA                    |                      |                    |
| 11.      |  |                        | mits and permission with checklist): | been obtained fro      | om authorities (  | Copy of application a | nd/or permit from    | college/university |
|          | A.   | College/L              | Jniversity                           | Yes                    | No                | NA                    |                      |                    |
|          | В.   | Fund Rais              | ser                                  | Yes                    | No                | NA                    |                      |                    |
| 12.      | Has any v  | vritten con            | tract or agreement b                 | een signed for an      | y part of this sp | ecial event?          |                      |                    |
|          |  |                        |                                      | Yes                    | No                | NA                    |                      |                    |
| 13.      | Have you   | received a             | ny correspondence r                  | equesting proof o      | of insurance for  | the event?            |                      |                    |
|          |  |                        |                                      | Yes                    | No                | NA                    |                      |                    |
| <b>→</b> | NOTE: IF Y   | ES IS ANSW             | /ERED TO QUESTIONS                   | S 11, 12 OR 13 A       | COPY MUST BE S    | SUBMITTED WITH TH     | IS FORM!             |                    |
|          |  | SMUST BE<br>I FRATERNI |                                      | <i>UR CHAPTER</i> (E.G | 6. CHI OMEGA U    | NINCORPORATED CH      | IAPTER OR ASSOCIA    | ATION OF           |
| NOT      | E: If event  | requires ac            | dditional insured, Add               | ditional Insured R     | equest Form (A    | ddendum #3) must a    | lso be completed.    |                    |
|          | The unde   | rsigned ha             | ve read and understa                 | and the requirem       | ents as outlined  | in this checklist:    |                      |                    |
|          | *Chapter   | Basileus:              |                                      |                        | Signed:           |                       | Date                 |                    |
|          | *Chapter   | KRS:                   |                                      |                        | Signed:           |                       | Date                 |                    |
|          |  |                        |                                      |                        |                   |                       |                      |                    |
|          | District C   | ounselor/[             | District Representation              | ve                     |                   |                       | Data                 |                    |
|          | Printed N  |                        |                                      |                        |                   |                       | Date                 |                    |
|          |  |                        |                                      |                        |                   |                       |                      |                    |
|          | District C   | ounselor/[             | District Representation              | <br>ve                 |                   |                       |                      |                    |
|          | Signature  | 2                      |                                      |                        |                   |                       |                      |                    |

<sup>\*</sup> Required Signature – Checklist will be returned and not processed if all required signatures are not listed.



## Addendum #1 (Submit Only If Applicable)

## **ALCOHOL SECTION**

| **N( | OTE: Graduate Chapters ONLY -See Guidelines Relative to Alcoholic Events   |     |    |  |
|------|--|-----|----|--|
| 1.   | Are security personnel, monitors, bar workers and/or vendors trained on how to deal with intoxicated guests and members? | Yes | No |  |
| 2.   | Are wrist bands or other method provided for designating those who are not of legal drinking age?                        | Yes | No |  |
| 3.   | Are all who are allowed to enter presenting I.D.?  | Yes | No |  |
| 4.   | Are those bringing alcoholic beverages given a punch card showing alcoholic quantity and type? (BYOB Events-Addendum #6) | Yes | No |  |
| 5.   | Will intoxicated guest or members be served alcohol by bar workers?  | Yes | No |  |
| 6.   | Is there only one centralized location where alcohol and food is being served?   | Yes | No |  |
| 7.   | Is there a guest and member list at the door? (Guest list be used for private events)                                    | Yes | No |  |
| 8.   | Are food and alternative non-alcoholic beverages available visible and easily accessible?                                | Yes | No |  |
| 9.   | Do you have a policy on confiscating keys from intoxicated guests?   | Yes | No |  |

YOU MUST STOP ALLOWINGTHE CONSUMPTION OF ALCOHOLAT LEAST ONE HOUR BEFORE EVENT ENDS.

#### Addendum #2 KEEP FOR REFERENCE

#### **RULES SECTION**

#### **DISCLAIMER**

This questionnaire is being used to assist the chapter in having a safe event.

Please forward Special Event Checklist via email to your District Counselor for approval and copy Ms. Judy Spencer at <a href="https://example.com/linear-nt/4/">IHQ-Paralegal@oppf.org</a>, no later than 30 days prior to the event.

#### **FEES**

An administrative fee of \$10.00 must be paid via Lockbox and submitted with your chapter's checklist, with the exception of chapter meetings.

#### Submission Within 30 Days of Event;

Furthermore, failure to submit this form within the appropriate time frame will result in an additional \$60.00 expedited handling fee and an additional \$100.00 for additional insured being due prior to issue of the required certificate of insurance.

\*\*All Special Event Checklists received within 10 days of the event will be denied\*\*

#### SPORTING EVENTS AND TRANSPORTATION

Waiver forms (Addendum #3) should be signed by the participants involved in athletic events, however, the Chapter keeps the waiver forms for their records and does not forward them with the Checklist.

A Special Event is an event that is not brothers only and is one that is planned and organized to be accessible to the public and non-fraternity members, or one that involves a contract with a third party. A public event is one where attendees are not restricted or controlled as far as access.

Chapter Members shall not use personal vehicles to transport attendees.

#### SECURITY REQUIRED FOR ALL EVENTS

Please note the requirement of <u>1 security guard per 100 attendees</u> and must be of no relation to Omega Psi Phi Fraternity. Chapter members cannot provide event security unless they own their individual security firm.

Chapter Meetings and community service outside, list the Local Police Dept.

#### **DID YOU REMEMBER TO?**

- ✓ Get all required signatures
- ✓ Include all contracts
- ✓ Include all alcohol licenses/permits and bartender contract/waiver (for events involving alcohol)
- ✓ Include all additional insured and supplemental form, p. 5 (if applicable)
- ✓ Include event chairman's email on page 1, where certificate of insurance will be returned
- ✓ Present a complete and professional form



## Addendum #3 (Submit if applicable)

# OMEGA PSI PHI FRATERNITY, INC. ADDITIONAL INSURED REQUEST FORM

| Chapter Name:              |                 |
|----------------------------|-----------------|
| Your Name:                 |                 |
| Your Address:              |                 |
| City, State, Zip:          |                 |
| Phone                      | E-Mail Address: |
| Fax (if available)         |                 |
| Additional Insured's Name: |                 |
|                            |                 |
| Address:                   |                 |
| City, State, Zip:          |                 |
| Phone                      | E-Mail Address: |
| Date and Time of Event:    |                 |
| Description:               |                 |
|                            |                 |

You may Fax or Mail completed from with the Special Event

Checklist to: Attn: Special Events

Omega Psi Phi Fraternity, Inc. 3951 Snapfinger Parkway

Decatur, GA 30035

Phone 404-284-5533; Fax 404-284-0333; E-mail: <a href="mailto:ihq-paralegal@oppf.org">ihq-paralegal@oppf.org</a>

A charge of \$100 will be assessed for all special event additional insured certificates that are not processed according to the proscribed rules and must be received by the International Headquarters before the additional insureds status is granted.



# Addendum #4 (For Sporting Events)

# **OMEGA PSI PHI FRATERNITY, INC.**ATHLETIC EVENT PARTICIPATION WAIVER

| I,  | a registered participant in an activity spons  | sored by           | Chapter  |
|---|--|--------------------|--|
| of Omega Psi Phi Fraternity, Inc., understand   | —<br>I and agree that I am participating in this even  | t on my own free   | e will and accord and  |
| Chapter, nor Omega Ps   | si Phi Fraternity, Inc., nor its insurer(s) will sha   | re in or accept re | esponsibility for any liability for                            |
| bodily injury, property damage, medical expe  | ense or other loss that may arise from my par  | ticipation in this | event.   |
| I further understand and agree, and have no will provide any form of security or other me | expectation that easure of safeguarding for this event, as there                               |                    | mega Psi Phi Fraternity, Inc.<br>expectation that such will be |
| necessary.  |  |                    |  |
| •   | nt is considered a "no-fault" event by me, as went of bodily injury, property damage, necessit |                    | Chapter, and enses or other loss, I agree to                   |
| incur my own expenses without input or par  | ticipation from  | Chapter, or O      | mega Psi Phi Fraternity, Inc.,                                 |
| or its insurer(s).  |  |                    |  |
|   |  |                    |  |
|   |  |                    |  |
| Guest/Participant   | Chapter Representative   |                    |  |
|   |  |                    |  |
| Witness   | Witness  |                    |  |
|   |  |                    |  |
| Date  | L<br>Date  |                    |  |

This form should be only used for athletic events and completed for all participants. Chapters should keep the waiver forms for possible liability issues and record keeping purposes.



# Addendum #5 (Submit if Applicable)

# **INDEMNIFICATION AGREEMENT**

| It is the specific and express intent of the Indemnifier named below that in the event:  |  |                |  |  |  |
|--|--|----------------|--|--|--|
|  |  |                |  |  |  |
|  | Hotel or Event Facility or 3 <sup>rd</sup> Party Bartender Name/Com  | pany           |  |  |  |
| (Indemnifier) should either directly or indirectly, cause damage, loss, destruction, liability or claims against the Omega Psi Phi Fraternity, Inc., Indemnifier agrees to defend, indemnify and hold harmless the Omega Psi Phi Fraternity, Inc. from any and all obligations, liabilities, causes of actions, lawsuits, damages, assessments, including legal fees, and court costs as a result of said Indemnifier's intentional actions or negligence. |  |                |  |  |  |
| This indemnification agreen  | nent shall be enforceable as a separate cause of action in the event | necessary.     |  |  |  |
| Authorized Signature:  |  |                |  |  |  |
| Date:  |  |                |  |  |  |
| Printed Name and Title:  |  |                |  |  |  |
| CONTACT INFORMATION:   |  |                |  |  |  |
| Event:   |  | Date of Event: |  |  |  |
| Facility/Bartending Svc.:  |  |                |  |  |  |
| Name:  |  |                |  |  |  |
| Address:   |  |                |  |  |  |
| City/State/Zip   |  |                |  |  |  |
| Phone Number:  |  |                |  |  |  |
| Email:   |  |                |  |  |  |

## Addendum #6 KEEP FOR REFERENCE

### POLICY FOR PROVISION OF ALCOHOL AT FRATERNITY EVENTS

- 1. Chapters and Districts may have events that are BYOB, if attendance is planned for 150 attendees or less.
- 2. Chapter and District events planned for more than 150 shall not be BYOB; but alcohol may be served or provided by the Chapter as long as it utilizes a hotel, special event facility or 3rd party bartending service (Fraternity Members are prohibited from serving alcohol to guests and patrons).
  - a. The Hotel/Facility or Bartending Service Contract shall contain the standard Omega Psi Phi indemnification and hold harmless provision, related to claims based on its services.
    - i. If the hotel/facility or service contract does not include such provision, the hotel/facility or 3<sup>rd</sup> party bartending service shall sign a separate standard indemnification and hold harmless agreement (e.g. Addendum #5).
    - ii. Either the contract or separate agreement including the provision must be submitted with the Special Event Checklist Form.
    - iii. If the hotel/facility or 3<sup>rd</sup> party bartending service fails or refuses to sign such provision, then such hotel/facility or 3rd party bartending service must provide proof of appropriate general <u>AND</u> alcohol liability coverage. Documents evidencing such proof shall be submitted with the Special Event Checklist Form.
  - b. In any case, the Hotel, Special Event Facility or Bartending Service provider shall have proof of all state and local licenses, permits and certifications allowing it to engage in such a business. **Documents evidencing such proof shall be submitted with the Special Event Checklist Form.**
- 3. Chapters and Districts are prohibited from making alcohol available at open air events open to the general public where entry and exit cannot be controlled. If entry and exit is controlled, alcohol may only be served utilizing a hotel, special event facility or 3rd party bartending service (See 2a and 2b above).
- 4. Fraternity Members are prohibited from serving alcohol to guests and patrons at events sponsored by the Fraternity, a District or a Chapter, or affiliate organizations or foundations.