



OMEGA PSI PHI FRATERNITY, INC.

SPECIAL EVENT CHECKLIST

Revised October 26, 2015

PLEASE TYPE OR PRINT LEGIBLY

Chapter Name: Chapter Number: Graduate Undergrad

Purpose of Event: Location of Event (Venue Name):

Date(s): Physical Address (No P. O. Box):

City State Zip

*Venue Contact Name(s):

*Phone No.: Fax No: *E-Mail

*Must Be Provided-No Exceptions!

EVENT ACTIVITIES (All Undergraduate Chapters events must be Non-Alcoholic)

Type of event and details:

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

1. Event Chairman: Name: Phone#:

Email:

2. Is there a co-sponsor? Yes No If yes, 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 Attendance:

4. Will there be a special construction, alterations or decorations for this event? Yes No

If Yes, explain:

5. Has this event been held in the past? Yes No How many times?

6. Will alcohol beverages be served/permitted? Yes No **IF YES, YOU MUST COMPLETE ADDENDUM #1**



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VENDOR/VENUE MANAGEMENT

7. What is name of the third party security provider?

(Attach copy of contract, license or authorization to provide security.)

8. Are Certificates of Insurance obtained from vendors/venue/private security company? (If applicable)

A. Liquor Legal Liability Yes No NA

B. General Liability Yes No NA

9. Has vendor(s) provided proof of liquor license and/or temporary license to serve alcohol on premises? (If applicable)

Yes No NA

10. Is the fraternity named as an additional insured on all certificates from vendors/venue? (If applicable)

Yes No NA

11. Have applicable permits and permission been obtained from authorities (Copy of application and/or permit from college/university must be submitted with checklist):

A. College/University Yes No NA

B. Fund Raiser Yes No NA

12. Has any written contract or agreement been signed for any part of this special event?

Yes No NA

13. Have you received any correspondence requesting proof of insurance for the event?

Yes No NA

➔ **NOTE: IF YES IS ANSWERED TO QUESTIONS 11, 12 OR 13 A COPY MUST BE SUBMITTED WITH THIS FORM!**

ALL CONTRACTS MUST BE IN THE NAME OF YOUR CHAPTER (E.G. CHI OMEGA UNINCORPORATED CHAPTER OR ASSOCIATION OF OMEGA PSI PHI FRATERNITY, INC.)

NOTE: If event requires additional insured, Additional Insured Request Form (Addendum #3) must also be completed.

The undersigned have read and understand the requirements as outlined in this checklist:

*Chapter Basileus:

Signed:

Date

*Chapter KRS:

Signed:

Date

**District Counselor/District Representative
Printed Name**

Date

**District Counselor/District Representative
Signature**

* **Required Signature** – Checklist will be returned and not processed if all required signatures are not listed.



Addendum #1 (Submit Only If Applicable)

ALCOHOL SECTION

****NOTE: 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 ALLOWING THE CONSUMPTION OF ALCOHOL AT 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 IHQ-Paralegal@oppf.org, 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 1 security guard per 100 attendees 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**



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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 form 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: ihq-paralegal@oppf.org

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.



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Addendum #4 (For Sporting Events)

OMEGA PSI PHI FRATERNITY, INC.
ATHLETIC EVENT PARTICIPATION WAIVER

I, a registered participant in an activity sponsored by Chapter of Omega Psi Phi Fraternity, Inc., understand and agree that I am participating in this event on my own free will and accord and Chapter, nor Omega Psi Phi Fraternity, Inc., nor its insurer(s) will share in or accept responsibility for any liability for bodily injury, property damage, medical expense or other loss that may arise from my participation in this event.

I further understand and agree, and have no expectation that Chapter, or Omega Psi Phi Fraternity, Inc. will provide any form of security or other measure of safeguarding for this event, as there is no reasonable expectation that such will be necessary.

I further understand and agree that this event is considered a “no-fault” event by me, as well as Chapter, and Omega Psi Phi Fraternity, Inc. and in the event of bodily injury, property damage, necessity of medical expenses or other loss, I agree to incur my own expenses without input or participation from Chapter, or Omega Psi Phi Fraternity, Inc., or its insurer(s).

Guest/Participant

Chapter Representative

Witness

Witness

Date

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 3rd Party Bartender Name/Company

(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 agreement 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 3rd 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 3rd 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 AND 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.**