# OMEGA PSI PHI FRATERNITY, INC.
## SPECIAL EVENT CHECKLIST

**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): ______________________ |

*Venue Contact Name(s): ____________________________

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

**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.

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? _______________

* Required Signatures – Checklist will be returned and not processed if all required signatures are not listed.
6. Will alcohol beverages be served/permited? Yes ☐ No ☐ If yes, refer to “Alcohol” section.

**VENDOR/VENUE MANAGEMENT**

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

(Please attach copy of license or authorization to provide security.)

8. Are Certificates of Insurance obtained from vendors/venue/private security company?*
   A. Liquor Legal Liability       Yes ☐ No ☐ NA ☐
   B. General Liability           Yes ☐ No ☐ NA ☐

9. Has vendor(s) provided proof of liquor license and temporary license to serve alcohol on premises?*
   Yes ☐ No ☐ NA ☐

10. Is the fraternity named as an additional insured on all certificates from vendors/venue?*
    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, 13, 15 or 16 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** 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 _________

This Special Event Checklist has been reviewed and approved by the chapter’s District Counselor.

_________________________________________ Date _______________
District Counselor/District Representative
Printed Name

District Counselor/District Representative
Signature

* Required Signatures – 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)  
   - 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 must be used.*  
   - Yes ☐

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 ☐

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YOU MUST STOP ALLOWING THE CONSUMPTION OF ALCOHOL AT LEAST ONE HOUR BEFORE EVENT ENDS.

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Addendum #2. (Submit only those sections or forms as applicable, otherwise keep for reference purposes only).

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. An administrative fee of $10.00 must be paid via Lockbox and submitted with your chapter’s checklist with the exception of chapter meetings. Furthermore, failure to submit this form within the appropriate time frame will result in a $ 60 expedited handling fee and an additional $100 for additional insured being due prior to issue of the required certificate of insurance. Waiver forms should be signed by the participants involved in athletic events, however, the Chapter keeps the waiver forms for their records and do not have to forward them with the Checklist. **All Special Event Checklists received within 10 days of the event will be denied.**

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.

*Chapter Members shall not use personal vehicles to transport attendees.*

*Please note the requirement of 1 security guard per 100 attendees and must be of no relation to Omega Psi Phi Fraternity***

A public event is one where attendees are not restricted or controlled as far as access.

SECURITY (Must be provided for all events- *Chapter Meetings and community service outside, list the Local Police Dept.*) *Chapter members cannot provide event security unless they own their individual security firm.*

DID YOU REMEMBER TO?

- Get all required signatures
- Include all additional insured (Additional Insured line 1-2, p.2 and supplemental form p. 5) to be included on the policy (if applicable)
- Indicate how the certificate of insurance should be returned to the chairperson
- Present a complete and professional form

* Required Signatures – Checklist will be returned and not processed if all required signatures are not listed.
Addendum #3 (Submit as 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: ______________________________________________________________

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: 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 (Submit if applicable)

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 that neither ________________ 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.

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

Facility/Bartending Svc.: ______________________________________________________

Name: ________________________________________________________________

Address: ________________________________________________________________

City/State/Zip: ____________________________________________________________

Phone Number: __________________________________________________________

Email: ________________________________________________________________

* Required Signatures – Checklist will be returned and not processed if all required signatures are not listed.
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.
      ii. Either the contract or separate agreement including the provision shall 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.

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