



## Event Checklist / Special Event Request Form

This questionnaire is designed to assist chapters in organizing safe events and includes the following tools:

1. Checklist of items to consider when organizing chapter events that should be used in tandem with the [Social Planning Guide](#).
2. Form to complete and submit to the General Fraternity when seeking an exemption from certain statute(s) of the [Risk Reduction Policy and Guidelines](#).

When seeking an exemption, the primary event organizer (e.g. Social Chairman, Philanthropy Chairman) should submit the completed form to [headquarters@sigmanu.org](mailto:headquarters@sigmanu.org) at least four weeks in advance of the event. This will allow sufficient time for the request to be properly considered. Failure to submit this form at least four weeks in advance of the event may result in the request being delayed and/or denied.

The exemption request form will not be considered unless fully completed. Incomplete information will cause delays in the review process. Below is a checklist of items to have on-hand when completing the form:

- ✓ Name and contact information for co-sponsoring organization (if applicable)
- ✓ Vendor contracts related to the event
- ✓ Certificates of insurance from all vendors

Do not hesitate to contact your Leadership Consultant and/or the General Fraternity Office at (540) 463-1869 should you have any questions.

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Chapter Name

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College/University

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Chapter Commander

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Phone

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Email

Purpose of Event:



## Section I – Event Details

Event Date	Start Time	End Time		
Event Location	Location Address	City	State	Zip

Type of Event and Description:

Athletic Event?

(If yes, waivers must be signed by each participant. Sample waiver language can be found on the last page of this resource.) Note alcohol cannot be present at an athletic event.

Event Chairman	Phone	Email
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Is there a co-sponsor?

\_\_\_\_\_  
Name of co-sponsoring organization

_____ Name of main contact	_____ Phone number of main contact
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Estimated attendance:

Will there be a special construction, alterations or decorations for this event?

If yes, explain:

Will alcoholic beverages be permitted?

If yes, refer to “Section IV – Alcohol.”



**Section II – Insurance**

If applicable, does the co-sponsoring organization have liability insurance?

Have certificates of insurance been obtained from vendors?

A. Liquor Legal Liability:

B. General Liability:

If yes, please include a copy of the certificates with this form. Each certificate should indicate Sigma Nu Fraternity, Inc. as an additional insured<sup>1</sup>.

Have applicable permits and permissions been obtained from authorities?

A. College/University

B. City/Town

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

If yes, please include a copy of the contract with this form.

Additional Insured(s): To be added to Sigma Nu’s Insurance policy for this event.

1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip

Reason for adding Additional Insured(s):

**Note:** If vendor(s) require to be added as an additional insured as part of the contract, please include a copy of the contract and outline or highlight the section including this requirement.

<sup>1</sup>Additional insured status means the vendor has temporarily added a third-party as an insured entity on their insurance policy.



### **Section III – Security**

Name of organization responsible for security: \_\_\_\_\_

Type of security (select all that apply):

Public Police      Private Police      Paid Security      Other: \_\_\_\_\_

Is there a security guard?

Does security check for weapons?

Are security personnel trained on preventing illegal drug use?

Are monitors and security personnel trained on preventing disorderly conduct and/or hazing activities?

Are members' or guests' hands stamped if they want to leave and return to the event?

Is smoking permitted at event?

If yes, is there a designated smoking area?

Has event facility been inspected to ensure it complies with applicable federal, state and local fire and safety codes?

Are security personnel and/or monitors trained in preventing sexual abuse and harassment?



**Section IV – Alcohol** (only fill out this section if alcohol will be available at the event)

Are security personnel, monitors, bar workers and/or vendors trained on handling intoxicated guests and members?

Are wrist bands or other methods (e.g. hand stamp) provided for identifying those who are and are not of legal drinking age?

Are all event attendees required to present identification to gain entry to the event?

Will this be a BYOB event?

If yes, please explain method to be used to store the alcoholic beverages in a central location and ensure attendees of legal drinking age are only provided alcohol that they personally brought to the event:

If no, please explain how alcohol will be provided to attendees of legal drinking age:

Will intoxicated guests or members be served alcohol?

Is there only one centralized location where alcohol is being served to guests and members?

Is there a pre-approved guest and member list at the entrance?

Are food and alternative non-alcoholic beverages available?

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



## **Section V – Transportation**

What measures will be in place to prevent intoxicated guests from driving when departing the event?

Is transportation available for guests who need or request it?

If yes, what type of transportation will be provided (e.g. taxi, designated driver, etc.)?

### **DID YOU REMEMBER TO:**

COMPLETE ALL FIELDS IN THE FORM?

INCLUDE CERTIFICATE(S) OF INSURANCE FROM VENDORS?

INCLUDE COPIES OF ALL CONTRACTS RELATED TO THE EVENT?

SUBMIT ADDITIONAL INSURED REQUEST(S) TO SIGMA NU FRATERNITY, IF NEEDED?



## ***ATHLETIC EVENT PARTICIPATION WAIVER***

I, \_\_\_\_\_, a registered participant in an activity sponsored by \_\_\_\_\_ Chapter of Sigma Nu Fraternity to be held on \_\_\_\_\_ understand and agree that I am participating in this event on my own free will and accord and that neither \_\_\_\_\_ Chapter, nor Sigma Nu Fraternity, nor its insurer(s) will share in or accept responsibility for any liability or 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 Sigma Nu Fraternity 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 Sigma Nu Fraternity 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 Sigma Nu Fraternity, or its insurer(s).

\_\_\_\_\_  
Guest/Participant

\_\_\_\_\_  
Chapter Representative

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

***This form is designed to be used only for athletic events. All participants must execute this form. Chapters should keep the executed waiver form on file for a minimum of two years.***