

# Event Planning Form

This PDF is the full version of the Event Planning Form. Questions will populate based on your choices. The form must be completed in one sitting. As stated in the National Risk Management Policy, the Event Planning Form must be submitted a minimum of 30 days in advance of the event. Requests for Certificate of Insurances may require additional communications.

Effective Date: February 26, 2015

Progress Bar Widget

Congratulations – you’re planning an event! The Event Planning Form (EPF) is designed to provide Chapters/Associations with guidelines and requirements to keep in mind to host fun and safe events.

Please provide all requested information and electronically sign the form at the end. As you complete the form, guidelines and requirements for planning the event will automatically appear throughout. By submitting this form, you agree that your Chapter/Association will abide by all guidelines and requirements listed. You will receive a receipt of you responses via email after submission. If you have questions about completing the form, please email [riskmanagement@phisigmapi.org](mailto:riskmanagement@phisigmapi.org) or call the National Office at [717-299-2710](tel:717-299-2710).

Chapter \*

Name of University \*

Name of Event/Function \*

Email Address: \*

## Liability Waivers/Emergency Contact Information

As stated in the [National Risk Management Policy](#), "Chapters and Associations hosting Inter-Chapter Events shall collect emergency contact information from all non-host attendees, via method selected by the host Chapter or Association, no later than the beginning of the event, or at the time the attendee arrives, whichever comes later.

The host Chapter or Association shall maintain the emergency contact information for 24 hours past the completion of the Inter-Chapter Event. After 24 hours has passed, the host Chapter or Association shall promptly destroy the emergency contact information records, preferably by shredding the document(s), unless otherwise authorized by the attendee. Initiates may only be in attendance at Inter-Chapter Events that are hosted by their Collegiate Chapter."

A sample liability waiver form can be found [here](#).

I have reviewed and understand the requirements of this event, as stated in the National Risk Management Policy ([phisigmapi.org/nrmp](http://phisigmapi.org/nrmp)). \*

I agree that this event will abide by those requirements.

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## General Information

Please provide all requested information and sign the form. You will receive a receipt of your responses. Please forward this to the other people whose signatures are required.

### What type of event is this? \*

- Chapter
- Campus-wide
- Community

Does the event involve any of the following components?

### Check all that apply. \*

- A contract that will be entered into by the Chapter or Association for the event in where any of the following are applicable: - The financial obligation is in excess of \$5,000; - Evidence of insurance is required; or - The contract covers a period of time longer than 24 hours.
- Transportation is arranged with a third-party vendor (excluding public transportation) or attendees as a component of the event
- Anticipated event attendance is three-times larger than the Active Membership of the host-Chapter or Association or event attendance is anticipated to include 50 or more individuals who are not Members of the host Chapter.
- Any athletic activity that involves an element of competition and/or time-keeping. The Chapter or Association hosting the event shall collect liability waivers prior to the beginning of the event.
- None of the above

Certain drop down sections will be revealed based on your choices.

As stated in the [National Risk Management Policy](#), the Chapter must have each participant complete a liability form with emergency contact information. The emergency contact information must be destroyed 24 hours after the event and the liability form portion must be archived for one year and then properly destroyed. A sample form can be found [here](#).

Because this is an athletic event, there is no medical insurance coverage provided to attendees of the event. Each individual attendee is responsible for securing and maintaining their own medical coverage. Please note this with the attendees.

### Are animals a component of the event? \*

- Yes
- No

The National Office does not condone Chapters/Associations participating in events with animals, unless both the National Fraternity and the Chapter/Association are listed as "additional insureds" on a partnering organization's insurance, such as The Humane Society. Animals can be unpredictable, leading to possible unexpected injury to those handling them outside of their natural environment.

1. Before confirming and advertising an event with animals please contact the National Office at [riskmanagement@phisigmapi.org](mailto:riskmanagement@phisigmapi.org) with event details.

a. Chapter/Association will be responsible for securing a certificate of insurance from the organization they are partnering with such as, their local university or animal shelter/humane society which names the national entity of Phi Sigma Pi and the local Chapter/Association as "additional insureds" on their policy.

b. A copy of the certificate of insurance must be submitted to the National Office 10 business days in advance of the scheduled event.

c. The National Office will submit the final certificate of insurance to James R. Favor & Co. for archive purposes. d. Chapter/Association will continue to work with the National Office to ensure safe planning and execution of the event.

2. Please note that it could take up to 30 business days for the partnering organization's insurance company to issue a certificate of insurance that complies with Phi Sigma Pi standards.

**Are Concessions as a fundraiser a component of the event? \***

- Yes
- No

The National Office does not condone Chapters/Associations participating in concession stand fundraisers that include any of the three items listed in the bulleted list below:

- including clauses setting high expectations of Brothers' knowledge of laws. For example, requiring Brothers to have knowledge about how to appropriately prepare and serve food/beverage within state regulations.
- requesting to be added as "additional insureds" on Phi Sigma Pi's insurance policy. What this means is that these groups are requesting to be covered by Phi Sigma Pi's National insurance policy, should an unfortunate event (this ranges from a Brother getting injured while operating the company's equipment, or an event participant being bitten while interacting with an animal) occur while the Chapter/Association is participating in/hosting the event.
- including indemnification (aka "hold harmless") clauses in their agreements, which stipulate that event participants/volunteers cannot pursue legal action against the organization/company as a result of injury. The most alarming aspect of this trend is that oftentimes the contracts also stipulate that this holds true even in the event of the organizations'/companies' negligence.

Before signing a contract with a concession fundraising company please submit all documents for review to [riskmanagement@phisigmapi.org](mailto:riskmanagement@phisigmapi.org).

- Contracts will be reviewed in 3 business days.
- All concerns and required revisions to the contract will be shared with the Chapter/Association representative.
- Chapter/Association representative will be responsible for sharing all required revisions of the contract to the concession company they have chosen to work with. If necessary, National Staff will work directly with the concession company.
- Revised contract will need to be submitted for final approval to the National Office.
- Review process must be repeated each time the Chapter/Association signs a new contract.

Please note that it could take up to 30 business days for the entire review process to be finalized. This is because the National Office, James R. Favor & Co. and the concession company must confirm that the contract is mutually agreeable.

**Does this event require a tax identification number or non-profit status? \***

- Yes
- No

The National Office has specific guidelines regarding use of tax identification numbers and application of the National non-profit status. Please refer to [this document](#) for additional information.

**Purpose of Event \***

**Event Start Date \***

01 - 08 - 2015   
Month Day Year

**Event Time Start \***

Hour : Minutes AM

**Event Date End**

01 - 08 - 2015   
Month Day Year

**Event Time End \***

Hour : Minutes AM

**Name of Location \***

**Address of Location \***

Street Address  
Street Address Line 2  
City State / Province  
Postal / Zip Code Country

**Distance from campus \***

In miles

**Please describe event activities \***

**Is there a Registration Packet for this event? \***

- Yes
- No



If you have a registration packet, you'll want to upload it here. Any contracts will also need to be uploaded in later sections.

**Please attach a copy of the registration packet. \***

No file chosen

Planned number of attendees

**Number of Members \***

ex: 23

**Number of Alumni \***

ex: 23

**Number of Guests \***

ex: 23

**Number of ICR Members \***

ex: 23

**Total Number of Attendees \***

ex: 23

Will there be any special construction, alteration or decorations for this event? \*

- Yes
- No

Please explain \*

Is University Permission required to have this event? \*

- Yes
- No

Has it been obtained? \*

- Yes
- No

Attach copy \*

Choose File

No file chosen

Has this event been held in the past? \*

- Yes
- No

How many times? \*

Have there ever been previous injuries or incidents as a result of this event? \*

- Yes
- No

Please explain. \*

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## Alcoholic Beverage Exposure

### A. Alcohol Approval and Policies

Will alcohol be permitted at this event? \*

- Yes
- No



If alcohol will not be served at the event, you'll only answer 2 additional questions and the others will not be revealed.

Since alcohol is permitted, I agree that all alcohol be provided by a third-party vendor and cash/individual basis. \*

I agree that alcohol will provided by a third party vendor.

How will alcohol be provided? \*

Is there a third-party vendor contract? \*

Yes

No

Attach \*

No file chosen

Is University Permission required for use of alcohol at this event? \*

Yes

No

Please explain how University permission was secured. \*

It is required that the event coordinator have read and understand all local and national alcohol policies. Please review the [National Constitution](#), [National Operating Policies](#) and [National Risk Management Policy](#).

Have you read, and you understand all local and national alcohol policies? \*

I have read and understand.

What procedures will be followed if minors are observed drinking? \*

Will ample non-alcoholic beverages be provided? \*

Yes

No

Explain: \*

Hours of alcoholic beverage service start: \*

:  AM

Hour Minutes

Hours of alcoholic beverage service end: \*

:  AM

Hour Minutes

Will there be any licenses or permits required for this event? \*

- Yes
- No

Attach Copy \*

No file chosen

### B. Legal Drinking Age Identification

When and how will the verification of legal drinking age be accomplished? \*

How will those serving the alcoholic beverages identify persons of legal drinking age? \*

Hand Stamp

Wristband

Other-please list

### C. Transportation Services/Drunk Driving Prevention

What form of transportation will be provided for attendees? \*

Taxi

Bus

Third-party vendor driving service

Other-please list

Explain: \*

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## Contractual Exposures

### A. Rental Property

\*\*Coverage is not provided under our insurance policy for property damage to "Property loaned directly to you", "Property you own, rent or occupy", or "Personal property in your care, custody or control".\*\*

Which of the following types of property will you be renting, borrowing and/or using? \*

Real Property (ie: Conference room, hotel, University facilities, camp, barn, etc...)

Personal Property (ie: Boats, props, band or party equipment, etc...)

Will there be any licenses or permits required for use of the above property? \*

Yes

No

Explain \*

Will you be required to sign any agreements or contracts for the use of the above property? \*

Yes

No

Attach Copy \*

Choose File

No file chosen

## B. Request for evidence or insurance

Is evidence of insurance required? \*

Yes

No

Written request must be provided directly from those requiring insurance information. Please attach a copy of that document that details the evidence of insurance requirement. \*

Choose File

No file chosen

Who is requiring the evidence of insurance? \*

## C. Crowd Control/Security

How will admission or attendance be controlled? \*

Have arrangements been made to use security service? \*

Yes

No

Type of security services to be used \*

University/College

Hotel

Other

\*\*A certificate of liability insurance must be obtained from the security service.\*\*

**D. Entertainment**

**Will any entertainment services be use? (i.e. Band or DJ) \***

- Yes
- No

**Explain: \***

**E. Food**

**Will food be served? \***  Yes  
 No

**Who will provide the food? \***

**If food is provided by an outside service, have you signed a contract? \***

- Yes
- No

**Attach copy of contract \***

No file chosen

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## Emergency Procedures

**Will emergency services be readily available at this event? \***

- Yes
- No

*Since the Chapter/Association is hosting an athletic event that involves an element of competition and/or time-keeping, it is automatically required to have emergency services on-site.*

**Please attach a copy of proof of CPR and first aid certification. \***

No file chosen

**Please explain how emergency services will be handled. \***

Who will be responsible for contacting the following, if need for assistance arises?

- a. Police Department
- b. Security Guards
- c. Medical Services/Paramedics
- d. Fire Department

Name \*

Title \*

Who will be responsible for compliance with liquor laws and our Organization's policy? (If applicable.)

Name/Title \*

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## Contact Information

I AM SUBMITTING THIS REQUEST, ON THE BEHALF OF MY CHAPTER/ASSOCIATION, FOR THE UNDERWRITER'S REVIEW OF OUR PLANNED FUNCTION. BY SUBMITTING THIS FORM, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS SET FORTH HEREIN ARE TRUE. THIS QUESTIONNAIRE DOES NOT BIND THE UNDERWRITERS, AND THE UNDERSIGNED, ON BEHALF OF THE ORGANIZATION, AGREES THAT THIS FORM AND SAID STATEMENTS SHALL BE THE BASIS OF CONSIDERATION. THE UNDERWRITERS ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY DESIRED ABOUT THIS FUNCTION. BY INCLUDING THE NAMES AND EMAIL ADDRESSES OF THE ALUMNI/FACULTY ADVISOR AND EVENT COORDINATOR, BELOW, I ACKNOWLEDGE THAT BOTH PARTIES HAVE BEEN MADE AWARE OF ALL OF THE DETAILS OF THIS FUNCTION, AS SUBMITTED VIA THIS FORM. \*

Accept

Submitted By: \*

Title: \*

Name of Alumni/Faculty Advisor \*

E-mail of Alumni/Faculty Advisor \*

Name of Event Coordinator \*

E-mail of Event Coordinator \*

Submit