

**OMEGA PSI PHI FRATERNITY, INC.
ACKNOWLEDGEMENT AND INDEMNIFICATION AGREEMENT**

Name of Applicant or Member (Print) _____
Social Security Number (Applicant) _____
Street Address _____
City/State/Zip Code _____
Chapter Name _____ CHAPTER LOCATION _____

I certify that I am aware of the fact that Omega Psi Phi Fraternity, Inc. expressly prohibits and vehemently opposes the use of physical or mental harassment/hazing in any of its activities. I understand that hazing includes, but is not limited to, physical violence such as paddling, slapping, pushing of another's body, by use of any object, device or hand; strenuous exercises; forced inducement or the causing of another to consume any food, liquid or other substance; pouring, sprinkling or covering of another's body with any substance; threatening or causing another to be placed in fear of receiving any physical injury such as the activities listed above and generally, any act or acts which would cause any person any humiliation, embarrassment or physical harm.

I agree that I shall report any acts of hazing or attempted hazing promptly to the Membership Selection Team in writing with a copy to the District Representative, or directly to the District Representatives. I understand that failure to render said report shall serve as sufficient cause for my dismissal from the Fraternity.

I understand that the Omega Psi Phi Fraternity, Inc is a non-profit corporation, incorporated in the District of Columbia, and having its domicile and principal place of business in Decatur, Georgia.

I understand that the only agents of the Fraternity are the Supreme Council and/or the Brand Conclave, who may from time to time, employ persons or firms to act on behalf of the Fraternity. I understand that, as member or potential member of Omega Psi Phi Fraternity, Inc., I am not an agent of the organization. Further, I understand that I have no authority whatsoever to enter into any agreements, whether oral or written that would obligate Omega Psi Phi Fraternity, Inc. in any way.

I certify that I have read this document thoroughly and understand same; that I agree to and do bind myself to all of the terms and conditions contained herein. Accordingly, I do hereby release and indemnify the Omega Psi Phi Fraternity, Inc. against any claim, loss, damage, or expense caused by me for actions which subject the Fraternity's assets to judgments for losses, damages or expenses awarded by a court or agreed upon in settlement negotiations. I further bind my legal representatives, heirs, successors and assigns to the terms and conditions of this agreement.

I certify that I am at least twenty-one (21) years of age, or that I am the parent or legal guardian of the undersigned and do exercise this document on his behalf. Further, I certify that I enter into these stipulations and agreements knowingly, freely and without duress or coercion of any kind. I further certify that my date of birth is _____.

Witness my hand this _____ day of _____, 20____, city/state _____

Signature: Applicant or Member

Signature: Notary Public

Signature: Parent/Legal Guardian if member
Is under 21 years of age

Commission expires (Date)

Parent's Address

Seal