

APPENDIX D

Delta Chi Lambda, Inc.

Special Event Form

Entity Name: _____ Chapter: _____

Date(s) and time of Event: _____

Location Name and Address: _____

Purpose of Event:

Type of Event and Details:

Is this an athletic event?: Yes/No

**If "yes" waivers are required for each participant*

Special Event Form Cont'd

Administration

Event Chairperson Name: _____ **Phone #** _____

Is there a co-sponsor? Yes/No **If yes, who is the co-sponsor:** _____

Is a sorority or fraternity involved in planning or working the event? Yes/No

If yes, name of sorority/fraternity and person in charge: _____

Does the sorority/fraternity have insurance? Yes/No, *If yes, provide a copy of certificate of insurance

Planned Number of Attendance: _____

Will there be special construction, alterations, or decorations for this event?: Yes/No

If yes, please explain: _____

Has this event been held in the past?: Yes/No **If so, how many times?:** _____

Will alcoholic beverages be permitted?: Yes/No **If yes, refer to "Alcohol" section*

Who is responsible for security?: _____

Are Certificates of Insurance obtained from vendors?:

Liquor legal liability: Yes/No **General Liability:** Yes/No

Has vendor(s) provided proof of liquor license and temporary license to be displayed on the premises?: Yes/No

Is the sorority named as an additional insured on all certificates from vendors? Yes/No

Have applicable permits and permission been obtained from authorities?

College/University: Yes/No **Fundraiser:** Yes/No

Special Event Form Cont'd

Has any written contract or agreement been signed for any part of this special event? Yes/No

Have you received and correspondence requesting proof of insurance for this event? Yes/No

Has a draft of promotional materials been created for this event? Yes/No

***A copy of any contracts, insurance requests, licenses, etc. should be sent to National Director of Compliance for review.

Additional Insured

Please provide the NAME and ADDRESS (city, state, zip code) of and Additional Insured to be added to the International Policy

Reason for adding Additional Insured

Security

What type of security will be present at the event? Circle all that apply.

Public police/security

Private police/security

Paid security

Will a security guard be present at the event? Yes/No

Will security check for weapons at the event? Yes/No

Are security personnel and/or monitors trained on preventing illegal drug use? Yes/No

Are security personnel trained on preventing disorderly conduct and hazing? Yes/No

Special Event Form Cont'd

Are security personnel and/or monitors trained on preventing sexual abuse and harassment?
Yes/No

Are members and guests hand stamped for reentry if they choose to leave the premises?
Yes/No

Is smoking permitted at the event? Yes/No

If "yes" is there a designated smoking area? Yes/No

Has the event facility been inspected to insure it complies with applicable federal, state and local fire and safety codes? Yes/No

Are members and guests informed of emergency exit/evacuation routes? Yes/No

Is there one well-lit entrance that is controlled and monitored? Yes/No

Alcohol

Are security personnel, monitors, bar staff, and/or vendors trained on how to deal with intoxicated guests? Yes/No

Are wristbands or other methods used to designate those under the legal drinking age?
Yes/No

Is a government issued ID required for entrance into the event? Yes/No

Are those consuming alcoholic beverages given a punch card to keep track of quantity and type of alcohol? Yes/No

Will intoxicated members and guests be served by bar staff? Yes/No

Is there a centralized location where alcohol and food will be served? Yes/No

Is there a guest and member list at the door? Yes/No

Are food and non-alcoholic beverages available, visible and easily accessible? Yes/No

Do you have a policy on confiscating keys from intoxicated guests? Yes/No

Is transportation (taxi, Safe rides, etc.) available for guests who need or request it? Yes/No

The undersigned have read and understood the requirements as detailed in this checklist

Entity President

Date

Event Chairperson

Date

Chapter Adviser

Date

Did you remember to??

- Complete the form in its entirety and return to National Director of Compliance
- Obtain all required signatures, as noted above?
- Submit additional insured requests, if necessary?

APPENDIX E

Delta Chi Lambda, Inc.

Facility Rental Agreement

_____ Chapter/Colony Of Delta Chi Lambda Sorority hereafter, referred to as

“Delta Chi Lambda” agree to rent from _____ hereafter referred to as Lessor, the facility described below.

Facility Street Address: _____

Facility Owner Address (if different): _____

Date facility to be leased: _____

Time of event: _____ to _____

Delta Chi Lambda and Lessor agree as follows:

Delta Chi Lambda and _____ agree to lease the facility for the agree price of \$ _____ A deposit of \$ _____ will be paid _____ days prior to the event mentioned above. The remaining balance will be paid at the conclusion of the event. If the event is cancelled 10 days prior to the date of the event, Delta Chi Lambda will be refunded 100% of it down payment

The fee paid includes the following services: (Circle all that apply)

- Facility Rental Identification Checked Professional Security Entertainment/Band
- Safe Transportation Janitorial Services Collect Cover Fee

Lessor covenants to indemnify and save Delta Chi Lambda its agents, officers, directors and employees harmless from and against any and all liability, damages, expenses, fees, penalties, actions, cause of actions, suits, costs, claims or judgments arising from injury during the Lease Term to any persons or property in or about the Leased Premises from any cause.

The rental price for the facility includes expenses for maintenance and/or janitorial needs. The facility assumes responsibility for any injury from failure to clean, clear, operate or otherwise maintain the premises in a reasonably safe condition before or during the event. If any service is contracted to a party other than the lessor, the lessee will provide the complete contact information, proof of compliance with licensing requirements of the state where the event is located and proof of liability insurance of any such party. Delta Chi Lambda Sorority will not receive any profits from the sales of alcohol beverages.

Landlord, at Landlord's expense, shall maintain in full force and effect throughout the Term with a company or companies satisfactory to Delta Chi Lambda and the following insurance:

Lessor shall have in force a general liability insurance providing the following coverage:

- (a) \$1,000,000 each Occurrence for bodily injury/property damage
- (b) \$1,000,000 each Occurrence for Personal injury/advertising injury
- (c) \$2,000,000 General Aggregate
- (d) \$1,000,000 Products and completed operation per Occurrence and General Aggregate
- (e) \$ 250,000 Fire Legal Liability
- (f) \$1,000,000 Liquor/Dram Shop Liability if Alcohol will be provided by the lessor
- (g) \$1,000,000 Combined Single Limit for Commercial Auto including Hired and Non-Owned Auto Liability if transportation will be provided by the lessor

The Certificate of Insurance will be provided to Delta Chi Lambda Sorority within 15 days after the date this contract is signed.

The effective date of this agreement is the date of signature or, if signed on different dates, the latest of the dates on which the parties sign below. This agreement may be signed in counterparts.

Delta Chi Lambda: _____ Date: _____

Lessor: _____ Date: _____