

Office of Fraternity & Sorority Life Non Hazing Contract

Last Name _____ First Name _____ Student ID# _____

I, _____, as a responsible member of the McKendree University Community do affirm the following:

As a member of _____, I pledge that I will work to eliminate any forms of hazing that may be found within my chapter, as well as, to uphold all other regulations and rules of McKendree University. In addition, my signature below indicates I have read and understand McKendree Universities' definition of hazing.

Hazing is defined as any intentional or unintentional act, on or off McKendree University property by one (1) student acting alone or with others which is directed against any other student that endangers the mental, emotional, or physical health or safety of that student, or which induces or coerces a student to endanger such student's mental, emotional, or physical health or safety.

In addition, no person(s) shall force any member(s) of the University community to engage in degrading or humiliating activities and situations, or place person(s) in situations which threaten their health, safety, and well-being for purposes of gaining entry into or remaining in any organization or group.

A situation does not necessarily have to be considered hazing by the potential perpetrator(s) **or the potential victim(s)**. More specifically, should a potential victim say, "I do not believe I was hazed," this will not be the sole basis for determining whether hazing occurred.

I understand that I have the right to seek approval of events and activities from the Office Fraternity and Sorority Life. I further understand that if I refuse to participate, or report in good faith any activity that is defined as hazing my membership into the Greek community cannot be jeopardized. Any violation of this contract should be reported immediately to the Office of Fraternity and Sorority Life at 618-537-6855, or the Hazing Hotline at 1-888-668-4293.

Student; Signature

Date

Coordinator of Fraternity and Sorority Life; Signature

Date

*This document must be signed in person in the presence of the Coordinator of Fraternity and Sorority or their undersigned.