



KAPPA ALPHA PSI FRATERNITY, INC.®



PERSONAL LIABILITY, RESPONSIBILITY & COMPLIANCE FORM

To be completed by all Undergraduate Members and Alumni Chapter Officers

The undersigned member of Kappa Alpha Psi Fraternity, Inc., in consideration of the acknowledgment of his good standing as a member, and for other good and valuable consideration, does hereby acknowledge his willing and voluntary compliance with the Constitution, Statutes, the Code of Conduct and Rules of Disciplinary Procedure, rules and regulations of the Fraternity and the State or Commonwealth of jurisdiction, and sign this personal liability, responsibility, and compliance form.

I, _____, having been initiated into the _____ Chapter of Kappa Alpha Psi Fraternity, Inc. on or about the ____ day of _____ 19/20 ____ am presently a member of the _____ Chapter of Kappa Alpha Psi Fraternity, Inc. I was born on the ____ day of _____ 19____ and am over the age of nineteen years. I labor under no disability or influence that would impair my competence to execute this agreement as my free, willing, and voluntary action.

I acknowledge that Kappa Alpha Psi Fraternity, Inc. outlaws hazing in any and all forms, whether it be physical abuse, mental abuse, pledging, psychological abuse or maltreatment of an individual in any form. I have read with understanding the documents of the Fraternity setting out this policy, particularly the Code of Conduct and Rules of Disciplinary Procedure. No person seeking membership into the Fraternity can be asked, invited, or required to submit to or engage in hazing or any unlawful, immoral or anti-social behavior. I have had the opportunity to ask questions about this policy and the Fraternity's documents concerning it.

At the time of the execution of this agreement, the Constitution and Statutes, membership intake procedures and Code of Conduct and Rules of Disciplinary Procedure were on hand and available for my review and I had the opportunity to ask questions about them.

_____, whose position in the Fraternity is _____, was available to answer my questions. Prior to the execution of this document I read Statute 22 of the Fraternity's Statutes.

I understand and agree that the acts prohibited in these documents outlaw and prohibit hazing not only during the Membership Intake process but before it begins and after it is completed. Thus, hazing and the prohibited



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conduct should not occur pre-intake, during intake, or after intake. Neither non-members, those in the process of becoming members, or members themselves may engage in hazing or the outlawed conduct. In addition to understanding that the Fraternity forbids hazing, I also understand that in most states of the United States, hazing is outlawed and those found guilty of engaging in it are guilty of a crime, and if convicted, sentenced to jail in appropriate instances. I understand that the Fraternity will cooperate fully with law enforcement officers in the prosecution of hazing cases.

The Fraternity's penalty for those found to have violated the anti-hazing rule includes expulsion from the Fraternity and a monetary fine. Moreover, the Fraternity shall hold persons engaging in such conduct liable for all of the costs, including attorney's fees, arising from or caused by the person's action. I understand that the Fraternity will take formal legal action against persons who haze, when it deems such actions prudent. I acknowledge that I shall be held personally liable for any acts of hazing in which I might engage.

No person, even one claiming to be an officer of the Fraternity or one of its chapters, or a chapter of the Fraternity that is purportedly acting as the chapter, is authorized to haze or require hazing, anti-social, illegal or immoral conduct of any person. I understand that hazing is illegal and therefore cannot be said to be within the lawful authority of any officer or member of the Fraternity.

I agree to indemnify, hold harmless, and keep indemnified Kappa Alpha Psi Fraternity, Inc. against any and all liability for losses and/or expenses of whatsoever kind or nature which Kappa Alpha Psi Fraternity, Inc. may sustain and incur by reason of my violation of the Fraternity's Constitution, Statutes, Code of Conduct and Rules of Disciplinary Procedure or other lawful rules and regulations (whether of the Fraternity or of a State or Commonwealth) concerning hazing.

I agree to comply with the rules and regulations of the Fraternity. I will not participate in, condone or encourage hazing. If I observe hazing of a physical nature I understand that I should call the police and if necessary emergency medical personnel.

I will report any hazing which I observe or come to have knowledge of to the Chapter Polemarch, Advisor or appropriate Student Affairs Officer. If those persons should be engaging in that conduct, then I will report it to the Province Polemarch whose card bearing his name, address and phone number was given to me when I executed this document. Should I be unable to identify or find either Polemarch, then I shall report hazing to the



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International Headquarters whose address and phone number are 2322-24 North Broad Street, Philadelphia, Pennsylvania 19132-4590, (215) 228-7184.

This agreement is between Kappa Alpha Psi Fraternity and me. It is an agreement between two private parties. I do not believe anything about this agreement violates public policy.

As a matter of fact, I believe this agreement promotes the public policy that individuals should not be subjected to violence, particularly hazing. I have entered into this agreement freely and willingly.

I certify that I have read and understand this agreement fully, have received a copy of it bearing my signature, and I agree that this Agreement shall be binding and fully effective against my heirs, successors and assigns.

(Member Signature)

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Public (Alumni Only)
Signature of Chapter Advisor (Undergraduate Only)

Alumni Chapter Officers

- Polemarch
- Vice Polemarch
- Keeper of Records
- Keeper of Exchequer
- Alumni Chapter MOIP Coordinator
- Undergraduate Chapter Advisory Committee Members

In the absence of a Notary the signing of this document is witnessed by

Position / Title (if applicable)

_____ day of _____ 20 _____