

9A-21 INDEMNIFICATION AGREEMENT Procedures

This is the revised Form 9A-21 INDEMNIFICATION AGREEMENT. Procedures for the handling of this document are given below. As you are aware, in order for a Brother to Participate in Membership activities, he must be Financial, MSP Certified, and have a Form 9A-21 INDEMNIFICATION AGREEMENT on file at IHQ.

Please Note; Brother WILL NEED to have this form NOTARIZED prior to submission to their Chapter KRS, who will be responsible for submission to IHQ.

I recommend that all Lampados Pilot Program Chapters (the Chapters in Green on the attached status file) expedite the completion of these forms immediately, however, this form supersedes the previous 9A-20, and therefore **ALL CHAPTERS** should begin using this form immediately.

Please Note the following procedures for submission:

1. **Form 9A-21(b).03** is distributed to the Brothers
2. Brother is to fill in **Form 9A-21(b).03** with the information requested. NOTE: Brothers under the age of 18, will also require a signature from their parent or guardian.
3. Brother is to have **Form 9A-21(b).03** notarized.
4. Brother submits the **Form 9A-21(b).03** to his Chapter's Keeper of Records & Seal.
5. The Chapter's Keeper of Records & Seal is to make a copy of the **Form 9A-21(b).03**, for the Chapter Records, and forward the original to the Omega Psi Phi Fraternity's International Headquarters.

It is recommended that these be sent via expedited service and with delivery confirmation. I would suggest follow -up by the KRS after expected delivery.

Thank you for your attention in this matter.

Fraternally,

Keith W. Neal
International Membership Chairman

OMEGA PSI PHI FRATERNITY, INC.
ACKNOWLEDGMENT AND INDEMNIFICATION AGREEMENT

Brothers – this is a legal document. It must be filled in and notarized, prior to submission to the Chapter Keeper of Records & Seal. The Chapter Keeper of Records & Seal is to make a copy of this document for his records and forward the original document to the fraternity’s International Headquarters.

Name of Member (Please Print) _____

Street Address _____

City/State/Zip Code _____

Chapter Name: _____ Chapter Location _____

I certify that I am aware that the Omega Psi Phi Fraternity, Inc. expressly prohibits and vehemently opposes the use of any form 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 and/or slapping; pushing of another's body by use of any object, device or hand; forced or induced exercise; 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 not participate in any acts of hazing or attempted hazing and shall promptly report, in writing, any such conduct directly to the District Representative, or to the Membership Selection/Lampados Club Chairman with a copy to the District Representative. I understand that engaging in such conduct and/or the failure to report such conduct shall serve as sufficient cause to be removed as a member of 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 Grand Conclave, who may, from time to time, employ persons or firms to act on behalf of the Fraternity. I understand that, as a member of the 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 the Omega Psi Phi Fraternity, Inc. in any way.

I certify that I have read this document thoroughly and understand same, and further, that I agree to and do bind myself to all of the terms and conditions contained herein. Accordingly, I do hereby agree to indemnify the Omega Psi Phi Fraternity, Inc. for any claim, action, cause of action, loss, damage or expenses caused by me for actions which subject the Fraternity, its assets, officers, agents, and/or officials to judgments for losses, damages, fees, costs 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 swear or affirm that I shall abide by the Omega Psi Phi Fraternity, Inc. Code of Conduct, and its rules, regulations, decorum, and oaths, which may be changed and/or amended, from time to time. Further, I agree to remain fully financial at the National, District, State/Corridor (if applicable) and local levels and, in the event that I become non-financial for a period of five (5) consecutive years, I understand and agree that I may be removed from the rolls of the Fraternity and my membership in the Omega Psi Phi Fraternity, Inc. may be revoked.

I agree that, should any part of this agreement be found to be illegal for any reason, the illegal part or parts

shall be severed herefrom and the remaining agreements and stipulations shall be given full force and effect, as if those severed did not exist. I understand that this agreement replaces and supersedes any prior indemnification agreements between the undersigned and the Omega Psi Phi Fraternity, Inc.

I certify that I am at least eighteen (18) years of age, or that I am the parent or legal guardian of the undersigned and do execute 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: Member

Signature: Parent/Legal Guardian
(if member is under 18 years of age)

Parent's address (if member is under 18 years of age): _____

The foregoing instrument was acknowledged before me this _____ day of _____ , 20____
by _____ , who is personally known to me or who has produced _____
as identification and who made oath.

NOTARY PUBLIC, State of _____ at Large

SEAL

My Commission Expires:

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

Name of Applicant or Member (Please Print) _____

Street Address _____

City/State/Zip Code _____

Chapter Name: _____ Chapter Location _____

I certify that I am aware that the Omega Psi Phi Fraternity, Inc. expressly prohibits and vehemently opposes the use of any form 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 and/or slapping; pushing of another's body by use of any object, device or hand; forced or induced exercise; 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 not participate in any acts of hazing or attempted hazing and shall promptly report, in writing, any such conduct directly to the District Representative, or to the Membership Selection/Lampados Club Chairman with a copy to the District Representative. I understand that engaging in such conduct and/or the failure to report such conduct shall serve as sufficient cause to be removed as a member of the Membership Selection Program/Lampados Club. I further agree that my participation in any acts of hazing or attempted hazing shall, to the extent permitted by law, serve as a waiver of my right to bring a claim for damages against 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 Grand Conclave, who may, from time to time, employ persons or firms to act on behalf of the Fraternity. I understand that, as a potential member of the 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 the Omega Psi Phi Fraternity, Inc. in any way.

I certify that I have read this document thoroughly and understand same, and further, that I agree to and do bind myself to all of the terms and conditions contained herein. I swear or affirm that I shall abide by the Omega Psi Phi Fraternity, Inc. Code of Conduct, and its rules, regulations, decorum, and oaths, which may be changed and/or amended, from time to time.

I agree that, should any part of this agreement be found to be illegal for any reason, the illegal part or parts shall be severed herefrom and the remaining agreements and stipulations shall be given full force and effect, as if those severed did not exist. I understand that this agreement replaces and supercedes any prior indemnification agreements between the undersigned and the Omega Psi Phi Fraternity, Inc.

(This Space Intentionally Left Blank)

I certify that I am at least eighteen (18) years of age, or that I am the parent or legal guardian of the undersigned and do execute 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: Member

Signature: Parent/Legal Guardian
(if member is under 18 years of age)

Parent's address (if member is under 18 years of age): _____

The foregoing instrument was acknowledged before me this _____ day of _____ , 20____
by _____ , who is personally known to me or who has produced _____
as identification and who did not take an oath.

NOTARY PUBLIC, State of _____ at Large

SEAL

My Commission Expires: