



Florida Gulf Coast University Greek Life



Non-Hazing Compliance Form

This form needs to be completed first by the Chapter President, and then all chapter members must sign below. Please attach a separate sheet if needed. Please contact the Greek Life Office with any questions at 239-590-7904.

In light of the recently passed Chad Meredith Act, hazing resulting in serious injury or death is now a felony punishable by up to five years in prison, even if the victim consents. Putting someone at risk of injury will become a first-degree misdemeanor. The seriousness of both this law and the University's Student Code of Conduct policy should be noted.

We, as members of _____, at Florida Gulf Coast University, hereby sign and agree with the non-hazing statement made by the Office of Greek Life. I agree that any form of hazing, which includes, but not limited to, riotous behavior, forceful consumption of food, alcohol and/or other materials, and any sort of initiation is a violation of the Student Code of Conduct.

For All Greek Chapter Presidents:

As the Chapter President of _____,
I, _____, have read and understand the statement presented above and am also aware that as president, I am ultimately responsible for the conduct of my members, which in no way relieves individual members of personal accountability. Below is a signed agreement of all of the members of _____.

Please read and sign if you are a member of a FGCU Greek Life organization:

I agree not to participate in any form of hazing, and will report any incidents, past, present, or future to the Greek Life Office or to the Vice President of Student Affairs. Hazing is defined as:

1. Any action or situation which recklessly or intentionally endangers the mental or physical health and/or safety of a student for the purpose of initiation or admission into, or affiliation with any organization operating under the sanction of the University.
2. Brutality of a physical nature such as whipping, beating, branding, forced calisthenics, exposure to the elements, forced consumption of any food, liquor, drug, or other substances, or other forced activities which could adversely affect the physical health or safety of the individual.
3. Any activity which could subject the individual to mental stress such as sleep deprivation, forced exclusion from social contact, forced contact, which could result in embarrassment, or any other activity which could adversely affect the mental health or dignity of the individual.

Name: (Please Print) _____

Signature: _____ Date: _____

Name: (Please Print) _____

Signature: _____ Date: _____

Name: (Please Print) _____

Signature: _____ Date: _____

Name: (Please Print) _____

Signature: _____ Date: _____

Name: (Please Print) _____

Signature: _____ Date: _____

Name: (Please Print) _____

Signature: _____ Date: _____

Name: (Please Print) _____

Signature: _____ Date: _____

Name: (Please Print) _____

Signature: _____ Date: _____

Name: (Please Print) _____

Signature: _____ Date: _____

Name: (Please Print) _____

Signature: _____ Date: _____

Name: (Please Print) _____

Signature: _____ Date: _____

Name: (Please Print) _____

Signature: _____ Date: _____