

Advisor Agreement

Name of Organization: _____

Current Term: Fall Spring Summer A/B Year: _____

As an Advisor of a Recognized Student Organization, you have both an organizational and personal legal responsibility to adhere to all local, state, and federal laws, and Florida State University policies and procedures. All Recognized Student Organizations can be held responsible for their actions or the actions of those affiliated with the organization, including but not limited to: one or more of its members (active or inactive), former members, alumni, guests, contractors, and agents. Every student organization has the duty to take all reasonable steps to prevent violations of University regulations and state laws growing out of or related to the activities of the organization.

As such, Advisors must initial each of the following statements of agreement and sign this document stating that you will agree to uphold all local, state, and federal laws and Florida State University policies and procedures.

Compliance

No organization shall discriminate in membership, participation, or activities on the basis of race, creed, sex, religion, national origin, age, disability, genetic information, veterans' or marital status, sexual orientation, gender identity, gender expression or any other protected group status.

Purposes and activities of organizations must not conflict with the purposes and regulations of Florida State University, Board of Regents policies, or with local, state, or federal laws.

While participation of faculty and staff is encouraged, a majority of the members of organizations must be registered students of either Florida State University Panama City or Gulf Coast State College.

I have read, understand, and agree to uphold the requirements and expectations set forth by the Florida State University Panama City Recognized Student Organization Handbook. In addition, I have read, understand, and agree to uphold the expectations set forth by the Florida State University Student Code of Conduct and the Florida State University Student Organization Conduct Code.

I certify all of this information to be true and that this organization complies in policy and practice with the rules governing Recognized Student Organizations.

Initials: _____

Hazing

No organization shall utilize hazing as a condition of membership or continued membership of the organization. Hazing is defined as any group or individual action or activity that endangers the mental or physical health or safety or which may demean, disgrace, or degrade any person, regardless of location, intent, or consent of participant(s). Although hazing is generally related to a person's initiation or admission into, or affiliation with, any student organization, it is not necessary that a person's initiation or continued membership is contingent upon participation in the activity, or that the activity was sanctioned or approved by the organization, for a charge of hazing to be upheld. The actions of active, associate, new and/or prospective members, or alumni of a student organization may be considered hazing. Hazing is not confined to the student organization with which the student subjected to the hazing is associated.

In the State of Florida and at Florida State University, hazing behavior cannot be defended by stating the consent of the victim was obtained, the conduct was not part of an official organization event or approved by the organization, or the conduct was not done as a condition membership to the organization. Florida State University’s Hazing Policy can be read in full at <http://hazing.fsu.edu>.

I certify that I have read the University’s Hazing Policy and that this organization and all sponsored activities comply with this policy. As an Advisor, I assume responsibility for informing members and initiates about the policy.

Initials: _____

Insurance

In accordance with State law and policy, Florida State University is unable to provide insurance covering any Recognized Student Organization or activity, other than for officers of the Student Government within the scope of their office. Approval by the Student Government of a student organization or activity does not establish State or University liability coverage for that organization or activity. Registering with Student Government and becoming a Recognized Student Organization is not recognized by the State of Florida Self Insurance Trust Fund and does not establish State or University coverage under the University’s coverage with that fund.

I certify that I fully understand that Florida State University has no insurance covering the activities of this organization. If the organization chooses not to purchase commercial insurance coverage for its activities, I fully understand that the organization will be held fully liable for its activities and any claims which may result will be against the organization, its officers, and members. I understand that Florida State University cannot defend the activities of the organization under its present insurance coverage or defray the costs of defending any lawsuit or claim against the organization, its officers, or members.

I certify that, on behalf of the organization listed on this document, I fully understand the above statement and hold the State of Florida, Florida State University, the Florida Board of Regents, their officers and employees harmless for any claims caused by the activities of the organization. Furthermore, I fully understand that it is my responsibility as an Advisor to inform the members of the organization regarding the content of this agreement.

Initials: _____

Signature

By signing this application, I agree that I fully understand and acknowledge my reliance wholly upon my own judgement, belief, and conscious appreciation of the particular activities and dangers involved in the organization’s events, programs, and functions. Further, I acknowledge and understand that the State of Florida, the Florida State University Board of Trustees, and Florida State University disclaim liability for any and all damage, injury, or loss of life that may occur with respect to the activities, functions, and programs of the organization.

By signing this form, I acknowledge my responsibility as an Advisor to be the University’s representative regarding the organization and its activities.

Advisor Signature: _____

Advisor Printed Name: _____

Date: _____

The term of recognition is valid for one academic school year from October 1st to September 30th.