



Recognized Student Organizations

FLORIDA STATE UNIVERSITY PANAMA CITY

ADVISOR AGREEMENT

Organization Name:

Advisor Name:

FSU Email:

As an advisor of a Recognized Student Organization (RSO), you have both an organizational & personal legal responsibility to adhere to all local, state, & federal laws & Florida State University policies & procedures. All RSOs 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, & agents. Every RSO has the duty to take all reasonable steps to prevent violations of university regulations & 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 & sign this document stating that you will agree to uphold all local, state, & federal laws & Florida State University policies & 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 & activities of organizations must not conflict with the purposed & regulations of Florida State University, Board of Regents policies, or with local, state, or federal laws.

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

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

I certify all of this information to be true & that all organizations I advise comply in policy & practice with the rules governing Recognized Student Organizations.

Initial:

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 of 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, &/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.



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Hazing (cont.):

In the State of Florida & 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 for membership to the organization. FSU's Hazing Policy can be read in full at <http://hazing.fsu.edu>.

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

Initial:

Insurance:

In accordance with State law & 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 & becoming a Recognized Student Organization is not recognized by the State of Florida Self Insurance Trust Fund & 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 & any claims which may result will be against the organization, its officers, & 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 & hold the State of Florida, Florida State University, the Florida Board of Regents, their officers & employees harmless for any claims caused by the activities of the organization. Furthermore, I fully understand that it is my responsibility as an officer to inform the members of the organization regarding the content of this agreement.

Initial:

Financial Statement of Understanding:

I certify that, on behalf of the organization listed on this document, I fully understand the Student Government Council Finance Code, which applies to all funds allocated by the Student Government Council. Furthermore, I agree to abide by all policies & procedures for expending such funds and that any violation of the Finance Code will be prosecuted to the fullest extent of the law.

Initial:

Signature:

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

By signing this form, I acknowledge my responsibility as an advisor to be the university's representative regarding the organization & its activities. The term of this agreement is for one academic year from September 1st through August 31st unless a change of officer is approved by the Office of Student Affairs.

Advisor Signature: _____