**Alpha Chi Rho**

**Fraternity Policy Compliance Form**

All members of the Chapter have been informed of any and all policies enforced by Alpha Chi Rho and the respective University.

We understand that absolutely no activities should occur that does not comply with the policies of the University and of Alpha Chi Rho.

We understand and agree to abide by all policies stated in the Risk Management Policy of Alpha Chi Rho related to alcohol and drugs, sexual abuse, hazing, fire health and safety, and education.

We agree to enforce all policies outlined in the Risk Management Policy and failure to abide by the policies can result in closure of the Chapter and loss of insurance.

**THIS FORM HAS BEEN READ TO ALL MEMBERS OF THE CHAPTER. WE**

**UNDERSTAND AND AGREE TO ADHERE TO THE AFOREMENTIONED STATEMENTS.**

**By signature of the Chapter President and Chapter Advisor, each initiated member and new member/pledge acknowledges their awareness and understanding of this policy.**

Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

*Printed Name Signature Date*

Chapter Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ *Printed Name Signature Date*

**Once signed this form must be submitted in the Crow Accreditation Packet.**