



Grambling State University

Grambling, Louisiana 71245

DIRECTOR OF BANDS

Hazing Acknowledgment and Indemnification Agreement

P. O. Box 1166
(318) 274-6157
(318) 274-6257

I, _____, do hereby certify that I am aware of the fact that the Grambling State University Concert/Marching Band explicitly prohibits and vehemently opposes the use 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, slapping, pushing of another body by use of any object, device or hand, strenuous exercise; forced inducement or the causing of another to consume any food, liquid or other substance; pouring, sprinkling or covering of another 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 will report any acts of hazing or attempted acts of hazing promptly to the Director of Bands or an appointed member of the band staff in writing. I understand that failure to render said report may serve as sufficient cause for my dismissal from the Concert/Marching Band. There, I fully understand that I am to follow the regulations and policies regarding hazing as set forth by the Director and the assistants.

I certify that I have read and understand this document thoroughly; that I agree to and bind myself to the terms and conditions contended therein. Therefore, I do hereby release and indemnify the State of Louisiana, Grambling State University and the Director of Bands and the staff any claim, loss, damage or expenses, awarded by a court or agreed upon settlement negotiations. I further bind my legal representatives, heirs successors and assigns to the terms and conditions of this agreement.

I further certify that I am at least twenty-one years of age, or that I am the parent or legal guardian of the undersigned and do exercise this document on his/her behalf. I also certify that I enter into these stipulations and agreements knowingly, freely and without coercion of any kind.

Witness my hand and seal this _____ day of _____, 20 _____

City, State _____

Signature: Student Applicant

Signature: Notary Public

Signature: Parent/Legal Guardian
if member is under 21 years of age

Commission Expires (Date)