Perfect Greek Programming (PGP)
Office of Greek Life Staff

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Where is the office?

Office Address: 97 Wentworth St. Annex
Facebook: College of Charleston Greek Life
Twitter: @CofCGreekLife
Website: greeks.cofc.edu
What is PGP?

• Perfect Greek Programming is about visualizing the perfect event and working backwards in order to plan that event.

• PGP involves:
  • Planning and outlining all information about the event
  • Obtaining all of the appropriate supplies for the event
  • Completing all the correct waivers
  • Correctly completing the Event Planning & Notification Form on OrgSync
Event Planning “Cheat” Sheet

**Who?**
Names of all organizations participating in the event

**What?**
Type of event you want to plan- who is your target audience?

**When?**
Timing is important so that you want be programming on top of each other

**Where?**
Location of your event in most instances will require reservations, security, and/or personnel

**How?**
How much money your organization is willing to spend to have this event

**Advisors and Location Managers**
All approvals from advisors of all organizations participating in the event and the location manager approval
Backwards Planning

- **2-3 Months Out:**
  - Brainstorm Ideas
  - Goals/Purpose
  - Date/Time/Location
  - Budget
  - Organization
  - Deadlines

- **1 Month Out:**
  - Work with Ms. Norma on obtaining the right information
  - Confirm a location/set-up

- **2-3 Weeks Out:**
  - Event Planning Form
  - Advertise Event

- **1 Week Out:**
  - Confirm Set-Up with vendors, resources and volunteers
  - Final Meeting for last minute details

- **1 Day-Week After**
  - Make sure supplies are returned
  - Complete evaluation of Program
Event Planning Checklist

- Purpose of the Event
- Content Matches Purpose
- Set Budget
- Set Deadlines
- Set Location
- Human Resources
- IDT/Permits
- Publicity
- Transportation
## Risk Management

### Types of Risks:
- Physical
- Reputational
- Emotional
- Financial
- Facilities

### What can you do to mitigate possible risk?
- How does this actually mitigate the risk?
- How can you put this strategy in place?
- What resources will you need to make this happen?
- Who will be responsible for making sure this is done?
Waivers

• There are two types of waivers that you might need for events:
  1. Student Liability and Release Waiver
  2. Intermittent Travel Waiver

• Waivers can be found on our website under Current Members → Forms and Policies.
Student Liability and Release Waiver

• This waiver is for local activities.
  • Examples: bowling, mechanical bulls, car bashing, flag football, etc.

• Each person participating in the activity is **required** to fill out this form.

• On the waiver, state the event at which the activity is occurring.

• Waivers should be turned in before the event, if possible.
STUDENT LIABILITY RELEASE AND WAIVER

1. I, the undersigned College of Charleston student, am at least 18 years of age and desire to participate in the ________ scheduled to be held on ________, 20____ (the “Activity”). This Activity has been explained to me and I fully understand and appreciate the dangers, hazards, and risks that may arise from engaging in the Activity. These dangers, hazards, and risks can result in injury and impairment to my body, general health, well being, and could include serious or even fatal injuries.

2. Knowing the dangers, hazards, and risks of the Activity and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the “Releasors”), I agree to assume all the risks and responsibilities surrounding my participation in the Activity. On behalf of myself and the Releasors I hereby covenant not to sue the College of Charleston, or its trustees, officers, representatives, and employees (“Releasees”), and I hereby release, waive, forever discharge the Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of, or related to, the Activity, whether caused by the negligence or carelessness of the Releasees or otherwise. I further agree to indemnify and hold harmless the Releasees from and against any loss, liability, damage or cost, including court costs and attorneys’ fees, that may arise due to my participation in the Activity. It is my expressed intent that this Liability Release and Waiver shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant not to sue the Releasees.

3. I agree to conduct myself in accordance with the rules of conduct and standards of behavior that are expected of me as a student of the College of Charleston and to abide by the various instructions and guidance I am given by the College Department of Public Safety or by an Activity coordinator designated by the College of Charleston.

4. I do not suffer from a physical or mental impairment that would limit my ability to participate in Activity. I understand, agree and hereby grant Releasees permission to authorize emergency medical treatment for me, if necessary and arising out of the Activity, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature: ___________________________ Date: ___________________________

Print Name of Student: ___________________________
STUDENT LIABILITY RELEASE AND WAIVER

1. I, the undersigned College of Charleston student, am at least 18 years of age and desire to participate in the __________________________ scheduled to be held on _____ ____________ , 20___ (the “Activity”). This Activity has been explained to me and I fully understand and appreciate the dangers, hazards, and risks that may arise from engaging in the Activity. These dangers, hazards, and risks can result in injury and impairment to my body, general health, well being, and could include serious or even fatal injuries.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature: ___________________________ Date: __________________

Print Name of Student: ___________________________
Intermittent Travel Waiver

- Each chapter **must** fill out this form if traveling beyond the Tri-county area.

- Anyone traveling must fill out the form- including guests of members.

- A list of participants along with their waivers must be provided to the Greek Life Office 24 hours before the scheduled departure. The list must include:
  - Organization
  - Name of event
  - Destination of travel
  - List of all participants traveling

- **NOTE:** You do not need activity waivers for traveling.
COLLEGE OF CHARLESTON
LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION
AND AGREEMENT
(Intermittent Domestic Travel Throughout Semester)

1. I ________________ the undersigned student, desire to participate in the following College of Charleston ("College") course(s), program(s) and/or activity(ies): ____________________________ ("Activities"). These Activities may take place at various locations that are not owned or controlled by the College including, but not limited to, the following __________. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activities, in the transportation to and from the Activities, and in any independent research or other endeavors I may undertake supplemental to any such Activity. These dangers, hazards, and risks can result in injury and impairment to my body, general health and well being, and could include serious or even fatal injuries. I also understand that these dangers, hazards, and risk could include loss or damage to my personal property.

2. Knowing the dangers, hazards, and risks of such endeavors, and in consideration of being permitted to participate in the Activities, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the "Releasors"), I agree to assume all the risks and responsibilities surrounding my participation in the Activities, the transportation to and from an Activity, and in any independent research or other acts undertaken as supplemental to any such Activity, and on behalf of myself and the Releasors I hereby release, waive, forever discharge, and covenant not to sue the State of South Carolina, the College of Charleston, and its trustees, officers, agents, employees and any students acting as employees ("Releasees"), from and against any and all liability and for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasors, or otherwise, while engaged in the Activities, any act supplemental to an Activity, or while I am in transit to or from the premises where an Activity or supplemental act occurs or is being conducted.

3. I further agree to indemnify and hold harmless the Releasors from and against any loss, liability, damage or cost, including court costs and attorneys’ fees that may arise due to my participation in the Activities.

4. It is my expressed intent that this LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION AND AGREEMENT (the "Agreement") shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant not to sue the Releasors.

5. I understand, agree and hereby grant Releasors permission to authorize emergency medical treatment for me, if necessary, and that such action by Releasors shall be subject to the terms of this Agreement. I understand and agree that Releasors assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

6. By signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in the Activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may arise as a result of an injury to me. I recognize that the College of Charleston ("College") is not obligated to provide for any of my medical or medication needs or insurance and that I assume all risk and responsibility for those needs. If I am a driver and will be driving a vehicle (other than a College vehicle) during the period first stated above, I certify that I will, during such period, personally carry automobile liability insurance that includes medical payments coverage.

7. I further agree that this Agreement shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

8. If I am an employee of the College, I do not consider the Activity within the course and scope of my employment with the College. By signing below I also agree to comply with the College’s Student Code of Conduct and all other College regulations regarding conduct, comportment, and academic integrity during my participation in the Activities. I understand that the College has the right to enforce such standards of conduct and that I may be dismissed from any or all Activities at any time for failing to abide by such standards.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature: __________________________ Date: ______________

Print Name of Student: ________________________________

If under 18, this form must ALSO be signed by a parent or legal guardian before student may participate in the Activity.

I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT STATED ABOVE AND I AFFIRM THE TRUTH OF EACH REPRESENTATION MADE BY THE STUDENT AND ON BEHALF OF THE STUDENT AND ALL "RELEASORS," AS DEFINED IN PARAGRAPH 2 ABOVE. I AGREE TO EACH AND EVERY TERM AND CONDITION OF THIS LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION AND AGREEMENT.

(Print) Parent or Guardian __________________________

Signature __________________________ Date ______________
COLLEGE OF CHARLESTON
LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION
AND AGREEMENT
(Intermittent Domestic Travel Throughout Semester)

1. I ________________, the undersigned student, desire to participate in the following College of Charleston ("College") course(s), program(s) and/or activity(ies): ____________________________ at intermittent times throughout the following semester______ ("Activities"). These Activities may take place at various locations that are not owned or controlled by the College including, but not limited to, the following ________________. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activities, in the transportation to and from the Activities, and in any independent research or other endeavors I may undertake supplemental to any such Activity. These dangers, hazards, and risks can result in injury and impairment to my body, general health and well being, and could include serious or even fatal injuries. I also understand that these dangers, hazards, and risk could include loss or damage to my personal property.
THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature:_________________________________________ Date:______________

Print Name of Student: _____________________________

If under 18, this form must ALSO be signed by a parent or legal guardian before student may participate in the Activity.

I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT STATED ABOVE AND I AFFIRM THE TRUTH OF EACH REPRESENTATION MADE BY THE STUDENT AND ON BEHALF OF THE STUDENT AND ALL “RELEASORS,” AS DEFINED IN PARAGRAPH 2 ABOVE, I AGREE TO EACH AND EVERY TERM AND CONDITION OF THIS LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION AND AGREEMENT.

(Print) Parent or Guardian  Signature

_____________________________ Date

希望能帮到你！
The Event Planning & Notification Form MUST be filled out for all events.

This form can be found on OrgSync on the Office of Greek Life’s page.

The form MUST be turned in 2 weeks prior to the date of the event.
  • Late submissions will not be accepted.

Submission of this form by someone who has not been PGP trained this semester will not be accepted.
• Please select your organization - not “myself.”

• If you do not see your organization listed, you have not joined their OrgSync page.
• Select **ALL** that apply

• If you select that it is an on campus event, this event **must** be also approved by Public Safety and Fire Safety.

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THIS FORM IS TO BE COMPLETED BY THE SPONSORING UNIT/DEPARTMENT OR ORGANIZATION IF (CHECK ALL THAT APPLY):

- [ ] THE EVENT IS HELD ON COLLEGE-OWNED OR CONTROLLED PROPERTY ("COLLEGE PROPERTY") AND THERE IS AN ANTICIPATED ATTENDANCE OF 100 OR MORE PEOPLE
- [ ] TICKETS ARE BEING SOLD AT THE DOOR OR MONEY IS BEING COLLECTED AT THE EVENT
- [ ] CONTRACTED SERVICES ARE INCLUDED FROM OFF-CAMPUS VENDORS (EQUIPMENT, SERVICES, FOOD, ETC.)
- [ ] SPECIAL EFFECTS OR HAZARDOUS MATERIALS WILL BE INCLUDED (FOG, HAZE, FIREWORKS, OPEN FLAMES, CHEMICALS, ETC.)
- [x] ALCOHOL WILL BE INCLUDED IN THE EVENT
- [x] THE EVENT IS HELD AT AN OFF-CAMPUS SITE AND THE UNIT/DEPARTMENT OR ORGANIZATION WILL USE EITHER COLLEGE OR FOUNDATION RESOURCES OR STUDENT FEES TO FINANCE THE EVENT, OR IF THE UNIT/DEPARTMENT ORGANIZATION PLANS TO ADVERTISE OR PROMOTE THE OFF CAMPUS EVENT USING THE NAME AND/OR RESOURCES OF THE COLLEGE

Validation: Valid input may include: must select a value
- Select “Office of Greek Life” in order to submit the form to our office

- You must fill in the date of submission: Month Day, Year
Please list other organizations that are co-sponsoring.  
Only one form is needed- not one from each organization.  
Advisors from the other organizations must also approve.
<table>
<thead>
<tr>
<th>Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of the Event: *</td>
</tr>
<tr>
<td>April 15, 2014</td>
</tr>
<tr>
<td>Title and Purpose of Event: *</td>
</tr>
<tr>
<td>Mixer</td>
</tr>
<tr>
<td>Start time: *</td>
</tr>
<tr>
<td>9:00PM</td>
</tr>
<tr>
<td>End time: *</td>
</tr>
<tr>
<td>1:00AM</td>
</tr>
</tbody>
</table>

- Keep in mind that events where alcohol is being served can only last 4 hours
• For on campus events only:

On-Campus Venue/ Location of your event:

- [ ] Stern Center/ Physician's Auditorium/ Rivers Green/Cougar Mall/Physicians Promenade
- [ ] Cistern Yard/ Alumni Hall
- [ ] TD Arena
- [ ] Other On-Campus Area

If other on-campus area, where?

[ ]
If the event is off College property, please include below the street address of the venue as well as the name and contact information (email address and phone number) of the venue manager.

NOTE: If the venue is College-owned property, the Event Coordinator is responsible for reserving the event venue through the appropriate office or vendor.

Big Ben Tavern  
123 Watchout St.  
Charleston, SC

Suzie Que  
(555) 555-5555  
suzieque@bigbentavern.com

Brief description of the event. If outdoors, please include inclement weather plan. *

Will transportation be provided by the unit/department or organization? *

- Yes
- No
Target Audience (check all that apply): *
- Faculty
- Staff
- Student
- Alumni
- General Public

Validation: Valid input may include: must select a value

Anticipated number of attendees *

200

Is this a recurring event? *
- Yes
- No

If yes, how often
AMPLIFIED SOUND/EQUIPMENT/SPECIAL EFFECTS/HAZARDOUS MATERIALS

Will amplified sound be included in the event? *
If “Yes,” please refer to the Amplified Sound Policy available online.

- Yes
- No

Will equipment be rented (tents, temporary staging, scaffolding), special effects (fog, haze, fireworks) or hazardous materials (open flame, chemicals) be used at the event? *

- Yes
- No

Validation: Valid input may include: must select a value

- Note: This section is mainly events on campus.
If your event is serving alcohol, then food must also be provided. The food should also be more substantial than chips, pretzels, or peanuts.
SECURITY

Fire safety and/or environmental safety inspections may be required. The sponsor shall provide safety and security plans as deemed necessary by the Department of Public Safety and the Department of Fire and EMS. It is the Sponsor’s responsibility to ascertain the requirements of these departments for the specific event proposed. If equipment is being used, a fire and safety plan must be submitted not less than fourteen (14) days prior to the event.

If equipment is being used, a fire and safety plan must be submitted not less than fourteen (14) days prior to the event. Please indicate plan below.

Third Party Vendors
I understand that third party vendors are expected to provide security for events held at off-campus locations.

☑️ I Agree
Event Coordinator Name: *
You

CWID *
12345678

Address: *
Greek House Address

Phone Number *
55555555555

Validation
Valid input may include: must be 10-15 digits long and may include only numbers, hyphens, and spaces.

Email Address *
parkinsonlm@g.cofc.edu

Validation
Valid input may include: name@myschool.edu

- Please insert the mailing address for your Greek Organization.
On-Campus Advisor Name: *

Norma Luden

On-Campus Advisor Email *

For staff/ faculty submissions please use your own cofc.edu email.

ludenn@cofc.edu

Validation Valid input may include: name@myschool.edu

Phone Number *

5555555555

Validation Valid input may include: must be 10-15 digits long and may include only numbers, hyphens, and spaces.

• Note: The advisor you list must match the one that is listed for your organization at the office (on the executive officer and advisor update form).
ATTESTATION BY EVENT SPONSORS AND STUDENT ORGANIZATION ADVISORS

*Policies and guidelines are available at http://policy.cof..., http://studentlif... and http://greeks.cof..... *

By signing this form, I affirm that I have read and understand the College of Charleston policies and/or guidelines that pertain to the proposed event, including the South Carolina alcoholic beverage laws, if applicable. I accept for myself, and on behalf of the department or organization first mentioned above, the responsibility for communicating these laws, policies and guidelines and the restrictions contained in this application, if approved, to those individuals invited to or attending the event. During the event, I shall also engage in good faith efforts to require event participants to comply with all other relevant College policies and/or guidelines. I further understand that I will act as a representative of the department or organization for the purpose of receiving and forwarding to appropriate offices any complaint received or policy violation alleged concerning the event.

I Agree

Greek Life Reviewer *

Please copy this email address in the field below: logesj@cofc.edu

logesj@cofc.edu

Validation  Valid input may include: name@myschool.edu
Alcohol Management Plan

Number of attendees over 21? *

100

Security provided by (check one): *

If the event is held on-campus, it is the responsibility of the event coordinator to contract with an off-campus provider to card and wristband attendees. The Office of Institutional Events, Office of Student Life and Office of Greek Life can provide contact information for TIPS-trained personnel. Confirmation of scheduling of this service must be included with the completed Alcohol Management Plan.

- College of Charleston Public Safety
- Third Party Vendor
- Other

If other, please specify


What methods will be used to assure that those persons under 21 do not possess or consume alcohol?

Wristbands for those who are 21 and older. Bartenders and security will check IDs.

What methods will be used to assure that attendees of legal drinking age do not over-indulge?

Risk Managers as well as security staff of third party will be monitoring all participants. Those participants that are drinking under age or behaving inappropriately due to over indulgence will be sent home.

If BYOB (On-Campus Events Only):

If BYOB alcohol is limited to one six-pack of beer or one 750ml bottle of wine per participant of legal drinking age. No "shuttling" is allowed (participants may not leave an event to purchase and/or return with additional alcohol).

☐ I Agree
Note: the person responsible for checking IDs must be someone outside of your organization.
Will your advisor(s) be in attendance? *

- yes
- no

Plan prepared by: *

You - whoever is filling out this form who has been PGP trained.

Email of person who prepared plan. *

Youremail@cofc.edu

Validation Valid input may include: name@myschool.edu
Once you have completed your form, click “Finish” to submit it.
It will first be sent to Ms. Norma to review.
If there needs to be corrections, the form will be sent back to you.
Once Ms. Norma has reviewed the form, it will be sent to Sarah for final approval.