

## Anti-Hazing Agreement

*I have read and understand the following information on the Hazing Policy of Loyola University New Orleans. I further understand that the list of examples of hazing activities is non-inclusive and hazing may include other activities. My signature represents my understanding of this policy and all contents of the Loyola University New Orleans Hazing Policy and I agree not to participate in or perpetuate any hazing activity. I furthermore agree to report any suspected or confirmed hazing activity to the Danna Center and Student Activities Office as I become aware of it.*

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**Signature**

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**Date**

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**Print Name**

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**Social Security Number**

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**Pledge/New Member Educator**

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**Date**

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**Print Name**