

POD CONFLICT OF INTEREST DISCLOSURE STATEMENT

I, _____, am a member of a sport(s) managed by the POD or on staff with the POD attest to the following:

- I have received the POD's Conflict of Interest Policy (the "Policy").
- I have read and understand the Policy.
- I agree to comply with the Policy.

Affiliated Persons include your family and other people or organizations close to you. *Affiliated persons can include:*

- *Your spouse, domestic partner, child, mother, father, brother, sister, grandparent, cousin or other blood relative;*
- *Any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or beneficial owner of any class of equity securities; and*
- *Any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.*

Sport and Community Involvement

Please note all sport and POD community involvement. Please state the obvious – even if your involvement is widely known, be sure to note it here to be certain that any conflicts up front and easier to deal with.

- I own, operate or work at a business that is involved in our sport
- My family members or ***affiliated persons*** own, operate or work in a business that is involved in our sport
- I am actively participating in our sport as a competitor, official, coach or other type of participant
- My family member(s) or ***affiliated person(s)*** actively participate in our sport as a competitor, official, or other type of participant.

DETAILED DECLARATION(S)

<p>Do you or a Family Member own stock or hold debt or other proprietary interests in any third party dealing or who may potentially deal with the POD?</p>
<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </p>
<p>If yes, or if you are not sure, please provide the following information:</p>
<p>Who Holds, or May Hold the Proprietary Interest?</p>
<p> <input type="checkbox"/> Me <input type="checkbox"/> An Affiliated Person, such as a family member or organization I am a part of <input type="checkbox"/> Both </p>
<p>If someone else, who is that person/organization?</p>
<p>If someone else, how is this person or organization related to you?</p>
<p>What is the Proprietary Interest(s) held or that may be held?</p>
<p>Have you or a Family Member any of your affiliated persons provided services or been associated with a third party that has provided services or property to the POD in the past year?</p>
<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </p>
<p>If yes, or if you are not sure, please provide the following information:</p>
<p>Who was associated with the third party that provided goods or services to the NGB in the past year?</p>
<p> <input type="checkbox"/> Me <input type="checkbox"/> An Affiliated Person, such as a family member or organization I am a part of <input type="checkbox"/> Both </p>
<p>If an affiliated person or both, who is that person or organization?</p>

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What goods or services were provided to the POD in the past year?

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Do you or an **Affiliated Person** own a business, maintain a primary or secondary job, or provide goods or services under an agreement by which the outside business provides goods or services to the POD, the USOPC, or another NGB/PSO?

- Yes
- No
- Not Sure

If yes, or if you are not sure, please provide the following information:

Who was associated with the third party that provided goods or services to the POD in the past year?

- Me
- An **Affiliated Person**, such as a family member or organization I am a part of
- Both

If an **affiliated person** or both, who is that person or organization?

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What goods and services have been or are to be provided to the POD?

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Have you or any of your **affiliated persons** purchased services or property from the POD in the past year?

- Yes
- No
- Not Sure

If yes, or if you are not sure, please provide the following information:

Who was associated with the third party that purchased goods or services to the POD in the past year?

- Me
- An **Affiliated Person**, such as a family member or organization I am a part of
- Both

If an **affiliated person** or both, who is that person or organization?

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What goods and services have been or are to be purchased from the POD?

Do you or an **Affiliated Person** hold office, serve on the board, participate in management, or are otherwise employed (or formerly employed) with a third party dealing with the POD?

- Yes
- No
- Not Sure

If yes, or if you are not sure, please provide the following information:

Who held office, served on the Board, participated in management or was otherwise employed (for formerly employed) with a third party dealing with the POD?

- Me
- An **Affiliated Person**, such as a family member or organization I am a part of
- Both

If an **affiliated person** or both, who is that person or organization?

What role(s) and/or organization(s) were you or your **affiliated persons** involved with?

What dealing(s) did the organization(s) noted above have with the POD?

Did you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which the POD was or is a party.

- Yes
- No
- Not Sure

If yes, or if you are not sure, please provide the following information:

Who had a direct or indirect interest in dealing with the POD?

- Me
- An **Affiliated Person**, such as a family member or organization I am a part of
- Both

If an **affiliated person** or both, who is that person or organization?

What direct or indirect interest in a transaction did you or the **affiliated person** have?

Do you or a Family Member act as an agent, representative, or consultant to a business whose interests may conflict with the interests of the POD?

- Yes
- No
- Not Sure

If yes, or if you are not sure, please provide the following information:

Who has an interest that may conflict with the interests of the POD?

- Me
- An **Affiliated Person**, such as a family member or organization I am a part of
- Both

If an **affiliated person** or both, who is that person or organization?

What potentially conflicting interest do you or the **affiliated person** have?

Were you or any of your affiliated persons indebted to pay money to the POD at any time in the past year (other than travel advances or the like)?

- Yes
- No
- Not Sure

If yes, or if you are not sure, please provide the following information:

Who was indebted to the POD in the past year?

- Me
- An **Affiliated Person**, such as a family member or organization I am a part of
- Both

If an **affiliated person** or both, who is that person or organization?

What debt did you or your **affiliated person** owe to [NGB] in the past year?

Other than direct employment income, did you or an affiliated person make more than \$1000 from [NGB] in the past year?

- Yes
- No
- Not Sure

If yes, or if you are not sure, please provide the following information:

Who was paid \$1000 or more by the POD in the past year?

- Me
- An **Affiliated Person**, such as a family member or organization I am a part of
- Both

If an **affiliated person** or both, who is that person or organization?

Please describe the benefit and/or income paid to you or the **affiliated person**:

Are you or any of your **affiliated person(s)** a party to or do you or your affiliated person have an interest in any pending legal proceedings involving the POD?

- Yes
- No
- Not Sure

If yes, or if you are not sure, please provide the following information:

Who is involved in a legal proceeding involving the POD?

- Me
- An **Affiliated Person**, such as a family member or organization I am a part of
- Both

If an **affiliated person** or both, who is that person or organization?

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What is the nature of the legal proceeding involving [NGB], you and/or an **affiliated person**?

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Are you affiliated with an person who is an athlete competing for a spot on a the sport(s) managed by the POD national team, are you an athlete competing for a spot on the team, do you coach an athlete who is competing for a spot on the team, or do you have an immediate family member, employee, or colleague who is otherwise participating in the competition for which the selection committee has been convened?

- Yes
- No
- Not Sure

If yes, or if you are not sure, please provide the following information:

Who is the athlete competing for a spot on a national team, or the coach of an athlete competing for a spot on a national team?

- Me
- An **Affiliated Person**, such as a family member or organization I am a part of
- Both

If an **affiliated person** or both, who is that person?

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What role do you or the **affiliated person** play?

- Competing Athlete
- Coach of a Competing Athlete

Do you or a Family Member have a business relationship with a sponsor, supplier, licensee or vendor of to the POD?

- Yes
- No
- Not Sure

If yes, or if you are not sure, please provide the following information:

Who is the person or organization with a business relationship with a sponsor, supplier, licensee or vendor?

- Me
- An **Affiliated Person**, such as a family member or organization I am a part of
- Both

If an affiliated person or both, who is that person?
What is the nature of the relationship you or the affiliated person has with the sponsor, supplier, licensee or vendor?
Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be and/or would prefer be examined by the POD's Advisory Council's Ethics Committee in accordance with the terms and intent of the POD Conflict of Interest Policy?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
If yes, or if you are not sure, please provide the following information:
Who is the person or organization that you believe there may give rise to a conflict of interest?
<input type="checkbox"/> Me <input type="checkbox"/> An Affiliated Person , such as a family member or organization I am a part of <input type="checkbox"/> Both
If an affiliated person or both, who is that person?
What is the nature of the potential conflict you or the affiliated person may have?
Would you like to be contacted by a member of the POD's Ethics Committee to discuss questions or comments about this declaration or to discuss the Conflict of Interest policy further?
<input type="checkbox"/> Yes <input type="checkbox"/> No

I HERBY CONFIRM that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify the [board or committee Chairperson or General Counsel/Ethics Committee (as applicable)] immediately.

Signature

Date