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### Annual Conflict of Interest Policy Certification

(Approved March 23, 2017)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), an officer of the United States Olympians/Paralympians Association (USOPA), an entity recognized by the USOC, do hereby certify that:

1. I have received a copy of the USOPA’s Conflict of Interest Policy;
2. I have read and understand the Conflict of Interest Policy;
3. I agree to comply with the Conflict of Interest Policy:

*\_\_\_\_ I have no disclosures to make at this time.*

*\_\_\_\_ I have attached a completed Conflict of Interest Disclosure Statement.*

***NOTE:*** *The disclosure process and form are not limited to a one-time annual review/confirmation. The disclosure document must be completed and submitted to the USOPA Conflict of Interest sub-committee immediately whenever a conflict (or potential conflict) exists.*

Signature:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return to: Cindy Stinger, Manager, USOPA*