

**AAC Representatives
Conflict of Interest Disclosure Statement**

Please complete your Conflict of Interest Disclosure Statement. You must acknowledge receipt of the USA Triathlon Conflict of Interest Policy. When complete, please sign the form.

To the best of my knowledge or belief, I have no actual or potential conflicts of interests, except as stated below. (List any current or potential contractual arrangement involving USA Triathlon from which you would financially benefit, directly or indirectly, from USA Triathlon becoming, not-becoming or remaining a party to the arrangement. In addition, list any financial, business, property or personal interest that will or reasonably may affect your ability to act in the best interests of USA Triathlon.) **If you do not have any conflicts, state "none" below.**

In addition to the above listed actual or potential conflicts of interest, members of the Board of Directors and candidates for election to the Board of Directors must list all activities in which they or their spouse or children held a direct or indirect financial interest, or from which they received compensation during the preceding twelve (12) months, that were directly or indirectly involved with the sport of triathlon or its component sports. **If you do not have any conflicts or are not a Director, state "none" below.**

If you are an Athletes' Advisory Council representative or a candidate for the Athletes' Advisory Council, please disclose whether you have ever been convicted of a felony or served any other period of ineligibility in sport such as violations of anti-doping codes, the Athlete Classification Code (Paratriathletes Only) or SafeSport violations.

I acknowledge receipt and understanding of USA Triathlon's Conflict of Interest Policy and I pledge compliance with the spirit and the letter of the requirements contained therein. I understand that USA Triathlon is a charitable organization and in order for it to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Print Name:

Full Name: Date:

1st approver (Ethics Committee Chair) Date:

2nd approver (USA Triathlon Board Chair) Date: