USA PENTATHLON
CONFLICT OF INTEREST DISCLOSURE STATEMENT

Please initial in the space at the end of Item A or complete Item B, whichever is appropriate, complete Item C, and sign and date the statement and return it to the board chair.

A. I am not aware of any relationship or interest or situation involving my family or myself that might result in, or give the appearance of being, a conflict of interest between such family member or me and USAP. ____________________ (Initials)

B. The following are relationships, interests, or situations involving me or a member of my family that I consider might result in or appear to be an actual, apparent or potential conflict of interests between such family members or myself and USAP ____________________ (Initials)

For-profit corporate directorships, positions, and employment:
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

Nonprofit trusteeships of positions:
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

Memberships in the following organizations:
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

Contracts, business activities, and investments with or in the following organizations:
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

Other relationships and activities:
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

My primary business or occupation at this time:
__________________________________________________________________________________________________________________________

I have read and understand USAP’s Conflict-of-Interest policy and agree to be bound by it. I will promptly inform the board chair of USAP of any material change that develops in the information contained in the foregoing statement.

______________________________________________  ____________________________  __________
Type/print name  Signature  Date