



2024/2025 USA GYMNASTICS CONFLICT OF INTEREST DISCLOSURE

Please read the Conflict of Interest Policy before Completing this Form

Conflict of Interest exists when the activities or interests of an Interested Person or a Family Member interfere with, influence, or have the potential to interfere with or influence, or the perception to interfere with or influence the Interested Person's responsibilities on behalf of USAG or undermine the interests of USAG. **"Family Member"** includes a spouse, child, stepchild, grandchild, parent, stepparent, grandparent, sibling, stepsibling, aunt, uncle, or first cousin, or any person living in the same household as the Interested Person, and any of their spouses.

PERSONAL INFORMATION

Full Name _____ Email _____
Home Address _____ City/State/Zip _____
Home Phone _____ Mobile _____ Business phone _____
USAG Membership Number _____

In what capacity do you serve and provide details [check all that apply]

- ☐ Board of Directors [identify] _____
☐ Judge [Identify for what discipline] _____
☐ Independent Contractor [Identify for what service] _____
☐ Working Group [identify which Working Group] _____
☐ Volunteer [identify] _____
☐ Task Force [identify which Task Force] _____
☐ Committee [identify what committee(s)] _____
☐ Officer [identify which office/state] _____
☐ Employee [identify position] _____
☐ Other _____

PLEASE DO NOT LEAVE ANY QUESTION BLANK. If you have nothing to report in response to a particular question, please state "None".

1. Do you or a Family Member own (or own an interest in) a gymnastics club?

☐ Yes ☐ No ☐ N/A

If YES, please provide details: _____

2. Do you or a Family Member receive a fee or salary from a gymnastics club?

☐ Yes ☐ No ☐ N/A

If YES, please identify the gymnastics club and describe for what services you receive a fee or salary: _____

3. Do you or a Family Member own or own an interest in a business with which USA Gymnastics has a contractual or business relationship?

For example: the printing company who prints USA Gymnastics business cards, banners, or event tee shirts; or the merchandise company who supplies or sells tee shirts or sports items to USA Gymnastics or its affiliates; or the moving or rental company used to transport equipment to/from events; the security firm engaged for events or competitions; or an equipment or supply company with which USA Gymnastics, or its state or region organization, does business.

☐ Yes ☐ No ☐ N/A

If YES, please provide details: _____

4. **Are you or a Family Member paid a salary, commission, fee, stock, or anything of monetary value by any individual or entity with which USA Gymnastics has a business arrangement?**

☐ Yes ☐ No ☐ N/A

If YES, please provide details: _____

5. **Do you or a Family Member receive money or anything of significant monetary value – like gifts (gift certificates to restaurants, Amazon gift card, sporting goods companies, etc), gratuities (cash, stock, reduced fees to business establishments or services), entertainment (season passes, tickets to concerts, etc), or favors (your house painted, plumbing services, rental cars, or any other service provided free or at significant discount) – from any individual or entity with which USA Gymnastics has a business arrangement?**

☐ Yes ☐ No ☐ N/A

If YES, please provide details: _____

BUSINESS OWNERSHIP, EMPLOYMENT, AND/OR CONTRACTUAL RELATIONSHIPS

A. Ownership: Identify any ownership, debt, or other proprietary interest that you or any Family Member holds in any business, including without limitation in a sole proprietorship, partnership, or closely held company, or at least 5% of a publicly held company;

B. Employment: Identify any companies that employ you or a Family Member;

C. Contractual: Identify any companies with which you or a Family Member have an independent contractor or other financial relationship.

Company _____ Nature of Relationship _____

Company _____ Nature of Relationship _____

Company _____ Nature of Relationship _____

GOVERNING BOARDS

Identify positions held during the past 12 months where you served as an officer, director, trustee, or committee member of any corporation, partnership, or other business enterprise, or any not-for-profit organization, educational institution, or government unit. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

Organization _____ Position Held _____

Organization _____ Position Held _____

Organization _____ Position Held _____

ATHLETES AND COACHES

1. **Are you an athlete?** ☐ Yes ☐ No ☐ N/A

2. **Are you a coach?** ☐ Yes ☐ No ☐ N/A

3. **Have you received any compensation, funding, or support from USA Gymnastics?** ☐ Yes ☐ No ☐ N/A

If YES, please describe any compensation, funding, or support that you received and in what capacity (athlete or coach):

JUDGES

1. **Are you a judge?** ☐ Yes ☐ No ☐ N/A

2. **Have you received any compensation from USA Gymnastics for judging?** ☐ Yes ☐ No ☐ N/A

If YES, please describe for what type of events/competitions you received compensation as a judge:

3. Have you received any type of compensation from an organization, club, or coach? ☐ Yes ☐ No ☐ N/A

If YES, please describe what type of service(s) and identify the organization, club, or coach:

4. Have you received any fee or compensation for clinic or workshop(s) or other consulting work for a gym club? ☐ Yes ☐ No ☐ N/A

If YES, please describe the services and identify the gymnastics club from whom you received compensation:

5. Have you received any fee or any type of compensation for clinic or workshop(s) or other consulting work for a coach or coaches?

☐ Yes ☐ No ☐ N/A

If YES, please describe the services you provided and identify the coach or coaches.

6. Have you received any fee or any type of compensation from or on behalf of an athlete or athletes? ☐ Yes ☐ No ☐ N/A

If YES, please describe the services you provided and identify the athlete or athletes.

HONORARIUMS AND SERVICES RENDERED

1. Have you received any compensation from USA Gymnastics for rendering services as a presenter at a Congress or other speaking engagement, event, clinician work at training camps, promotional appearances, or similar one-time service engagements?

☐ Yes ☐ No ☐ N/A

If YES, please describe for what services, in what role and/or at what event:

OTHER CONTRACTUAL RELATIONSHIPS

1. Have you received any compensation from USA Gymnastics to assist in the development of grassroots programs, for hosting an event as a clinician, or similar contractual relationship?

☐ Yes ☐ No ☐ N/A

If YES, please describe the type of services or contractual relationship for which you received compensation:

OTHER INTERESTS

List any other interest, activity, relationship, transaction, or other circumstance not previously disclosed, which could be perceived to interfere with, influence, or have the potential to interfere with or influence, their responsibilities on behalf of USAG or undermine the interests of USAG.

IF NONE, PLEASE STATE NONE.

To the best of my knowledge, I fully and accurately completed the foregoing questionnaire, and I commit to promptly informing USA Gymnastics of any changes in circumstance which may create an actual or perceived conflict of interest regarding my involvement with USA Gymnastics.

NAME _____ SIGNATURE _____

DATE _____

BELOW SHOULD BE COMPLETED BY USA GYMNASTICS ONLY

☐ Received and reviewed Date: _____ ☐ Additional review Date: _____

Ethics and Grievance review requested: ☐ Yes ☐ No ☐ Ethics and Grievance review Date: _____