

NON-DISCLOSURE DECLARATION

DEFINITION	No Director, Officer, employee, or committee/working group member of			
	Gymnastics Ontario shall disclose any confidential or proprietary information received or obtained through the performance of their duties and obligations to Gymnastics Ontario unless disclosure is necessary to carry out the performance of those duties or obligations.			
	Confidential/proprietary information shall include: • Financial Statements			
	 Information discussed at all meetings of the Board of Directors, Committees or Sub-Committees Membership lists 			
	 Any fees, prices, commissions or other remuneration paid by Gymnastics Ontario 			
	 Information related to new business opportunities and business plans Medical/personal information of registered participants/staff 			
	Note: Other information shall be determined to be confidential/proprietary at the discretion of the Board of Directors of Gymnastics Ontario			
ACKNOWLEDGMENT	All Directors, Officers, employees, and committee/working group members acknowledge that any disclosure or unauthorized use of confidential/proprietary information may cause harm or loss to Gymnastics Ontario and shall constitute inappropriate conduct.			
DISCLOSURE	If there has been a disclosure or unauthorized use of confidential information as determined by the Board of Directors, then the Director, Officer, employee or committee/working group member shall prepare a written report and forward it to the Board of Directors within 30 days of receipt of the request of Gymnastics Ontario.			
Content	This report must set out the details of all information and the persons to whom such information was disclosed.			
COMPLIANCE	If a full and complete report has not been made within the specified timeframe, then the Director, Officer, employee or committee/working group member will be suspended from duties and obligations in Gymnastics Ontario until full and complete disclosure has been made.			
Further Penalty	The Board of Directors has the discretion to make other determinations regarding the breach of confidentiality.			

PLEASE PRINT CLEARLY

	NAME IN FULL (SURNAME)	(FIRST NAME)	(POSITION TITLE/COMMITTEE)			
DECLARATION: I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND WILL COMPLY WITH THE ABOVE REQUIREMENTS						
	SIGNATURE		DATE (D/M/Y)	RETURN TO G.O. OFFICE WITHIN 14 DAYS OF TAKING OFFICE:		

Updated: June 2106