

Sierra Nevada Masters Swimming, Inc.

ACKNOWLEDGMENT

OF

**CONFLICT OF
INTEREST POLICY**

I, _____ acknowledge receipt of Sierra Nevada Masters Swimming, Inc.'s ("SNM") Conflict of Interest Policy (the "Policy"). have read the Policy and understand the Policy, and I agree to comply with the Policy as well as by the rules, regulations, and policies that may be established in connection with the Policy in the future. I also understand that **SNM** is charitable in nature and to obtain and maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes as set forth in the Nonprofit Articles of Incorporation and the Bylaws of SNM.

Date

Name

Title

Signature