

SPECIAL OLYMPICS FLORIDA, INC.
CONFIDENTIALITY AND CONFLICT OF INTEREST AGREEMENT

As a condition of my employment and/or volunteer service, I agree to the following regarding confidentiality and conflict of interest (hereinafter the "Agreement"):

(1) Confidential Information:

I acknowledge that in the course of my work as either an employee or volunteer with Special Olympics Florida, Inc. (SOFL) I may learn of certain confidential and/or proprietary medical, personal and/or financial information, records, and/or data regarding SOFL, its programs, athletes, staff, volunteers, and/or other matters (hereinafter "Confidential Information").

Examples of Confidential Information include, without limitation, medical histories, volunteer and/or athlete personal histories and records, financial information, data regarding SOFL, individual personnel information.

As a condition of my employment and/or volunteer service, I agree to maintain and protect the confidentiality of all such Confidential Information at all times during and after my employment and/or volunteer service. SOFL recognizes that during my employment and/or volunteer service it may be necessary in order for me to fulfill my responsibilities to SOFL to provide Confidential Information to health care professionals, insurance carriers, supervisors, auditors, or others. Disclosure of Confidential Information under those circumstances will not violate this Agreement.

(2) Conflict of Interest:

I further agree to avoid any activity that results in any real or apparent conflict of interest. I will not accept any fee or payment from anyone seeking to do business now or in the future with SOFL.

I understand and acknowledge that any violation of this Agreement may be grounds for disciplinary action, including without limitation, immediate termination of my employment or volunteer services. In addition, SOFL reserves its full rights to pursue whatever legal and/or equitable remedies may be available to it.

Signature of Employee or Volunteer

(or parent or legal guardian if volunteer is under the age of 18):

Print Name: _____

Witness: _____

Date: _____