



EQUESTRIAN VAULTING USA

DISCLOSURE AND AFFIRMATION STATEMENT

I have read carefully and fully understand the attached Code of Ethics, Non-Discrimination and Diversity, Equality and Inclusion; Code of Ethics; Whistleblower and Anti-Retaliation Policy; and Conflict of Interest and Duality of Interest of Equestrian Vaulting USA (“EVUSA”).

I am aware that if, because of any relationships, positions, or circumstances concerning me, I may have or appear to have a potential conflict or duality of interest, I am required to list such relationships, positions, or circumstances on the attached disclosure form.

I understand that if I have any question in my mind whether I may have a potential conflict of interest, I should disclose that interest to EVUSA on the attached disclosure form.

Any questions concerning EVUSA’s Conflict of Interest and Duality Policy shall be referred to the EVUSA Executive Vice President or Compliance Officer.

Affirmation: I hereby affirm that I have received a copy of the EVUSA Code of Ethics: Non-Discrimination and Diversity, Equality and Inclusion; Code of Ethics; Whistleblower and Anti-Retaliation Policy; and Conflict of Interest and Duality of Interest Policy, that I have read and understand the Policies, and that I agree to comply with the Policies.

I further understand the duty to list all individuals, businesses and/or other entities that create or represent a potential conflict or duality of interest on the attached disclosure form and, if applicable, to promptly update and amend this form.

I affirm that I have a continuing obligation to update this information.

Signature: _____

Print Name: _____ Date: _____

Position/Employment Title: _____

Attachments: EVUSA Code of Ethics; Non-Discrimination and Diversity, Equality and Inclusion; Code of Ethics; Whistleblower and Anti-Retaliation Policy; and Conflict of Interest and Duality of Interest Policy,

Conflict of Interest Form

Revised Drafts 12/4/2024; 4/2/2025,4/28/25

Approved Board 4/28/25 Compliance

This Disclosure Statement must be submitted in November of each year and updated as often as necessary to EVUSA Compliance Officer. Refusal to provide the requested information or providing incomplete or inaccurate information may result in removal from office or Board membership, committee membership or employment.

1. If you or any member of your immediate family is an officer, partner, director, trustee, or employee of any person or any entity which does business with EVUSA; please list the name and address of the entity(ies) and the nature of your relationship with said person or entity(ies), and describe the dealings. If none, please state "none".

2. If you or any member of your immediate family holds an ownership interest in a closely-held company or other business entity, or an ownership interest in any public company which does business with EVUSA, please list the name and address of the entity(ies), the nature of your relationship with said person or entity(ies) and describe the dealings. If none, please state "none".

3. If you have any reason to believe that any of the persons or entities with which you or immediate members of your family are affiliated may have business dealings with EVUSA the future, please list those entities and the nature of such dealings. If none, please state "none".

4. Are you an employee or employer of another EVUSA member or do you have any other business dealings or financial dealings with another EVUSA member or any company or concern with which another member is involved? Yes No

If you have answered yes to the above, please provide the details as follows: please list the name and address of the member, the nature of your relationship with said member and describe the dealings. If none, please state "none".

5. If there is any relationship or matter not disclosed above which might be perceived to compromise your obligations to EVUSA under its Conflict of Interest Policy or which may raise questions of a conflict between your duty to EVUSA, your loyalty to any other entity and/or your economic self-interest, please indicate here what that relationship or matter is. If none, please state "none".

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6. Are you or any member of your immediate family, an officer of an EVUSA Regional Board or a member of an EVUSA Registered Club or Organization? Do you or any member of your immediate family hold a paid or volunteer position (including committee appointments) with USEF OR FEI. Please list.
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Please attach a separate paper if you need more room to fully answer any question.

Attachments (electronic links):

If unable to access through this link, please refer to the EVUSA website or request copies from the EVUSA Compliance Officer

[CODE OF CONDUCT](#)

[CODE OF ETHICS](#)

[CONFLICT OF INTEREST AND DUALITY OF INTEREST](#)

[NON-DISCRIMINATION AND DIVERSITY, EQUALITY, AND INCLUSION](#)

[WHISTLEBLOWER & ANTI-RETALIATION POLICY](#)
