

ONTARIO GRAPPLING ASSOCIATION (OGA)

CONFIDENTIALITY POLICY

VOLUNTEERS AND ASSOCIATES:

All information obtained in the course of your relations with the Ontario Grappling Association (OGA) and/or any of its associated companies will be held by you as trustee for OGA.

OGA is committed to protecting the privacy of its Associates' and/or Member information including but not limited to social insurance numbers, personal phone numbers and addresses, benefits information, salary information, banking information, education, absence information, performance reviews, disciplines, performance issues, investigations, and terminations, etc.

You will keep confidential all information relating to the business (including, but not limited to, membership information, marketing and sales strategies, information regarding competition programs, fitness programs, membership contracts, and personal information pertaining to members), membership lists, developments, and equipment used, developed, or sold by the OGA or any person, firm or corporation with whom OGA has business relations.

You will not maintain in an insecure electronic environment any files associated with your volunteer and/or associate training program with the OGA.

Upon the cessation of your employment and/or volunteer program with the OGA, you will promptly deliver to OGA any and all data, notes, records, membership lists, plans or other documents held by you concerning such business and you will continue to keep secret all information described in the preceding paragraph. You will also confirm that you have deleted any electronic copies of any of the above documents or records.

You will not disclose any confidential information, or information which, in good faith and good conscience, ought to be treated as confidential, of which you become aware in the course of your employment and/or volunteer program relating to the OGA, its Associates or members. Violation of this term will result in termination of any associate/volunteer program agreement you may have with the OGA at that time.

The foregoing obligations regarding confidentiality will continue beyond the cessation of your employment and/or volunteer program with the OGA.

ACCEPTANCE

I, _____, have read and understand the above confidentiality agreement. I agree to its terms and conditions.

Individual Signature

Individual Printed Name

Date

Witness Signature

Witness Printed Name

Date