**PROVINCIAL WOMEN’S SOFTBALL ASSOCIATION**

**CONFIDENTIALITY AGREEMENT**

WHEREAS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Representative) is in a leadership position with the Provincial Women’s Softball Association by virtue of being an Assistant to a Director, Officer or Committee Member;

AND WHEREAS by virtue of holding this position, the Representative will have access to:

* Confidential information concerning the business and affairs of the Provincial Women’s Softball Association,
* Confidential information concerning the business and affairs of the Provincial Women’s Softball Association’s member associations,
* Confidential information concerning the business and affairs of the Provincial Women’s Softball Association’s sponsors and partners,
* Confidential information pertaining to Board or Committee discussions and deliberations, which are private, and
* Personal and confidential information pertaining to individuals who are members of the Provincial Women’s Softball Association or its member associations, including players, coaches, managers and volunteers, including medical formation,

The Representative hereby agrees that he or she will not, during the term of the Representative’s appointment or any time thereafter, disclose to any person or organization any confidential or personal information as described above, unless such disclosure is done with the consent of the individual who is the subject of the information, is done in accordance with the Provincial Women’s Softball Association policies, is done in conformance with the Canadian Anti-Doping Program, or is done in accordance with provincial or federal law.

The Representative also understands that a failure to comply with this agreement may give rise to discipline in accordance with the Provincial Women’s Softball Association’s policies for conduct and discipline, which may in turn lead to sanctions that may include removal from the positions, suspension or expulsion from membership.

The Representative hereby agrees to the above terms.

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(Name) (Position)

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Signature Date

**Policy Name:** Confidentiality Agreement/Assistant
**Ratification Date:** January 27, 2017
**Review Date:** January 27, 2018 O-2