Non-Profit-Tax-Exempt Organization 6401 Independence Pkwy, Plano, Texas 75023 Tel: 972-491-5800 Fax: 972-208-6482

NON-DISCLOSURE AGREEMENT

| I, | , acknowledge that in the course of my |
|---|---|
| information which may be confidential, sensitive, any third party or use for personal gain any informa | IACC, I may have access to or come into contact with or proprietary to IACC, therefore, I shall not disclose to tion acquired in the course of my activities without prior all. Any information provided to me will be destroyed, for shura at IACC concerning all above information. |
| The undersigned understands that any disclosure in violation of this agreement would result in irreparable harm to IACC, and as such IACC shall be entitled to injunctive relief preventing such disclosure. Any attorney fees incurred by IACC in enforcing this agreement shall be reimbursed by the undersigned. | |
| | employee/volunteer/council (Shura member) will result will release me from my responsibilities as an |
| I ACCEPT AND AGREE TO THIS DOCUMENT WITH FULL KOWLEDGE OF ITS CONTENT. | |
| Signature | Date |
| Print Name | |