

CONSENT FOR THE PROCESSING OF DATA, IMAGES AND HEALTH INFORMATION (MINORS)

SIERRA BLANCA TRAIL

MOUNTAIN RACE

A SPORTING EVENT COMMITTED TO ENVIRONMENTAL CONSERVATION

C.D. ULTRA TRAIL SIERRA BLANCA is the controller of your personal data and hereby informs you that it will be processed in accordance with Regulation (EU) 2016/679 of 27 April (GDPR) and Organic Law 3/2018 of 5 December (LOPDGDD), with the consent of the data subject's legal representative, the purpose of the processing being the organisation of leisure and training activities. Your data will be kept for no longer than is necessary to fulfil the purpose of the processing and will not be disclosed to third parties without your consent, except to the medical staff taking part in the events/activities organised by the controller, so that any medical emergencies may be attended to as quickly as possible and in a personalised manner, taking into account each participant's needs and allergies. Data may also be disclosed where required by law.

Your rights: The right to withdraw this consent at any time. The right of access, rectification, portability and erasure of the data, and the right to restrict or object to its processing. The right to lodge a complaint with the Supervisory Authority (www.aepd.es) if you consider that the processing does not comply with current legislation.

You may exercise your rights at CALLE SAN BERNABÉ, 4 2B - 29603 MARBELLA (Málaga). E-mail: race@sierrablancatrail.com

Yes No I AUTHORISE THE FOLLOWING PROCESSING:

- ☐ ☐ Taking part in the Controller's activities.
- ☐ ☐ If necessary, taking the minor to the doctor, accompanied by educators, volunteers or authorised members of staff of the controller.
- ☐ ☐ Receiving information about the Controller's activities and events.
- ☐ ☐ Recording images and videos of the activities for publication on the Controller's own media.

Participants' medical data will be processed to the extent necessary to administer any required medication and to make arrangements regarding allergens, meals and the medication or treatment to be applied in an emergency.

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I, Mr/Ms _____

as mother / father or legal guardian, with NIF / NIE / Passport No. _____

residing at _____ No. _____, Postcode

_____, Town/City _____, consent to the processing of the data under the terms set out above.

MARBELLA, dated _____

Signature: _____