



MET - PRIVILEGE OF A FEW CONSENT FOR DATA, IMAGES AND HEALTH

Sierra Blanca Events Group SL is responsible for the processing of your personal data and informs you that they 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 to carry out leisure and training activities. Your data will be kept for no longer than is necessary to maintain the purpose of the processing and will not be communicated to third parties without your consent, except to the medical staff participating in the events/activities organised by the data controller, in order to be able to attend to medical emergencies that occur as quickly as possible and in a personalised manner, attending to the needs and allergies of each participant. Also, under legal obligation.

Rights you have: The right to withdraw this consent at any time. Right of access, rectification, portability and deletion of data, and to limit or oppose the processing. The right to lodge a complaint with the supervisory authority (www.aepd.es) if you consider that the processing does not comply with the regulations in force.

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

Yes No I AUTHORISE THE FOLLOWING TREATMENTS:

- ☐ ☐ Participate in the activities organised by the responsible party.
- ☐ ☐ If necessary, take me to the doctor accompanied by educators, volunteers or authorised personnel of the person in charge.
- ☐ ☐ Receive information on the activities and events of the responsible party.
- ☐ ☐ Recording of images and videos of the activities to be uploaded on the Responsible's own media.

Medical data of the participants will be processed in order to be able to provide any necessary medication and to be able to organise allergens, meals and medication or treatments to be applied in case of emergency.

I, Mr./Mrs. _____

with DNI / NIE / Passport Nº _____

with an address at _____ No. _____, PC _____, city/town _____,
consent to the processing of the data in the terms set out above.

Signed in _____, on the _____

SIGNATURE: _____

IMPORTANT NOTICE:

A digital image (photo) of the ID card, NIE, or Passport of the person granting authorisation must be attached in order to verify the signatory's identity.