



As a demonstration of our commitment to and appreciation for nature, we kindly request that you avoid printing this document whenever possible. Please complete it online and return it via email to [contacto@cdutbs.org](mailto:contacto@cdutbs.org), or present it as an image on your mobile device when collecting your bib. By choosing digital options, you will be contributing to the protection of the environment. Thank you for your cooperation.

## CONSENT TO DATA, IMAGES AND HEALTH DATA PROCESSING (MINORS)

C.D. ULTRA TRAIL SIERRA BLANCA 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](http://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: [contacto@cdutbs.org](mailto:contacto@cdutbs.org).

### **Yes No I AUTHORISE THE FOLLOWING TREATMENTS:**

☐

Participate in the activities organised by the responsible party.

☐

If necessary, take him/her 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. \_\_\_\_\_

as a parent or guardian, with NIF / NIE / Passport Nº \_\_\_\_\_

with an address at \_\_\_\_\_ No. \_\_\_\_\_

PC \_\_\_\_\_, city/town \_\_\_\_\_, consent to the processing of the data in the terms set out above.

MARBELLA, date \_\_\_\_\_

Signature: \_\_\_\_\_