AUTORIZACIÓN PARA PARTICIPANTES MENORES DE EDAD

PARENT OR LEGAL GUARDIAN DETAILS

Full name:

ID/Passport number:

City:

Phone number:

MINOR'S DETAILS

Full name:

Date of birth:

ID/Passport number:

NAME OF THE EVENT:

DATE OF THE EVENT:

I EXPRESSLY DECLARE my consent and authorize my child/ward, whose details have been provided, to participate in the event, in accordance with the regulations and the registration previously completed. I release the organizers from any liability for damages or harm that the minor may cause to third parties, as well as for any damages the minor may suffer on the day of the event.

Date and signature of parent or legal guardian

Data protection:

In accordance with Article 5 of the Organic Law 15/1999 of December on the Protection of Personal Data, which regulates the right to information when collecting data, we inform you of the following:

The personal data you provide in this communication will be processed in the files managed by EMP Sport Events SLU.

The purpose of the processing is to properly manage the authorization you have requested. These data will not be shared with third parties, except as legally permitted.

The data requested in this communication are mandatory for participation in the event. They are adequate, relevant, and not excessive.