

Authorisation for the participation of minors and the use of their image

You can fill in this form on your computer or mobile phone, sign it by typing your full name, save it and send it to info@europeandefpadel.com. There is no need to print it.

Place Date

1. Details

Parent or legal guardian

Full name Email

ID card, passport or identity document Telephone

Minor

Full name

Date of birth EDP licence number

ID card, passport or identity document Country of habitual residence

Event

Event name Dates

2. Authorisation to participate

I declare that I am the parent or legal guardian of the minor named above (hereinafter, the MINOR) and that I have the authority to authorise their participation in this event. I authorise their participation in the EVENT organised by the European Deaf Padel Association (Asociación Europea de Pádel para Sordos), tax ID G19886696 (hereinafter, THE ASSOCIATION), in accordance with the EDP Competition Regulations. This authorisation does not replace the travel documents or permits required for the MINOR to travel to another country.

Responsible adult during the minor's participation

This may be the parent, legal guardian, coach or team manager, who must be present and reachable at the venue throughout the MINOR's participation. If it is the same person who signs the authorisation, repeat their details.

Full name

ID card, passport or identity document Telephone

Emergency contact

Full name Telephone

3. Authorisation to use images (tick one option)

☐ I DO authorise THE ASSOCIATION to take, reproduce, publish and use images and/or the voice of the MINOR recorded during the EVENT, for publication on THE ASSOCIATION's website and social media.

☐ I DO NOT authorise the use of images and/or the voice of the MINOR.

The decision on the use of images does not affect the MINOR's participation in the EVENT.

Agreement of the MINOR to the use of their image and/or voice

☐ YES, I agree ☐ NO, I do not agree

Images in which the MINOR can be identified will only be published when both the parent or legal guardian and the MINOR have selected "YES".

4. Data protection

THE ASSOCIATION will process the personal data of the MINOR and of the people named in this document for two purposes: managing their participation in the EVENT, on the basis of the request to participate, and, only if authorised, publishing their image and/or voice, on the basis of consent. The data will be processed safeguarding the interests and protection of the minor and in compliance with the applicable regulations. The rights of access, rectification, erasure, restriction, portability and objection may be exercised by writing to info@europeandefpadel.com. Consent to the use of images and/or voice may be withdrawn at any time by writing to info@europeandefpadel.com, without affecting the minor's participation.

Signature of parent or legal guardian (full name)

Signature of the MINOR (full name)

Signature of responsible adult (full name)