

## 21. – 25. 6. 2023 | Brno | Czech Republic

info@emilopen.cz www.emilopen.cz

Name and surname of the participant/participants of the event (hereinafter collectively referred to as "Person"):

In accordance in particular with the Civil Code and Regulation (EU) No 2016/679 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46 / EC "), I give my consent to the acquisition and subsequent processing of photographs and other visual, audio or other records of the Person of the Emilova sportovní z.s. association, registered office: Malinovského náměstí 603/4, Brno-město, 602 00 Brno, file number: L 23497 kept at the Regional Court in Brno (hereinafter referred to as the "Administrator") and for transfer to the processor endowment fund Emil, registered office: Malinovského náměstí 603/4, Brno-město, 602 00 Brno, file number: L 23497 kept at the Regional Court in Brno, all within the European Youth Games for the disabled Emil Open and for subsequent use for promotional and similar needs Administrator and developer.

The Administrator will process the acquired records manually, automatically and through its employees, officials and volunteers for the purpose of promotion, and will publish them on its website, social networks and promotional materials.

Pursuant to the law, **the data subject, or the data subject's legal representative, or the data subject's custodian, has the right of access to personal data** processed by the Administrator (especially the right to provide information on the purpose of processing, scope and nature of processed data, recipients or recipients). A complete list of data subject rights is available in Chapter 3, Section 1-5, of the Article 12-23 of the General Regulation.

By signing, I also confirm that the Person has been acquainted with his rights under the General Regulation, in particular for access to and control of his personal data processed by the Administrator.

I give my consent as:

	Person
	Legal or another representative of the person
	Custodian of the person*

## I CONFIRM CONSENT BY SIGNATURE

## Name, date of birth, permanent address and signature.

\*At the same time, by my signature I confirm that I am entitled to give this consent on the basis of the authorization of the legal representative, I am a custodian assigned by the court or another person exercising parental responsibility for a minor participant.



The organiser of the European Youth Games for the Disabled is the Emilova sportovní, z.s. **www.emilnadace.cz** 

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