



Campus Experience

Fundación Real Madrid Campus Experience 2016 Authorization

ONLY REGISTRATIONS THAT ARE PROPERLY SIGNED, SCANNED AND THEN EMAILED TO us WILL BE VALID

I hereby authorize my child to participate in the Real Madrid Foundation Campus Experience, as well as in its activities and bus travels required for transfers, and declare that he has no disease or physical or mental handicap that may prevent his/her participation on any activity, waiving explicitly any claim of responsibility for any injuries that may arise as a result of the activities practiced at the Campus.

This authorization extends to medical and surgical decisions that, in case of extreme emergency without the possibility of a previous consultation, should be taken under the proper prescription.

In accordance with the Organic Law 15/1995 of December 13th of the Protection of personal data, you or, where appropriate, your legal representative, is informed and expresses an unequivocal consent to incorporate their data to the existing personal data files in Real Madrid Foundation as well as to its processing in order to manage their participation in various events organized by the Real Madrid CF and Real Madrid Foundation, administrative, billing and payment management, club management and / or sports associations, insurance management, opinion surveys, as well as to send commercial communications, including electronic means, of the various events organized by the Foundation. The responsible for these files is: Real Madrid Foundation G81828493, established in CC Esquina del Bernabeu Avenida de Concha Espina 1, 28036 - Madrid.

On the other hand and if necessary by signing this form you expressly consent to:

The processing of their image and / or voice by Real Madrid CF and Real Madrid Foundation either through recordings or through photographs, whose purpose will be to promote the various events of the Club and the Foundation. In this sense, you expressly consent to the collection of his/her image and / or voice, reproduction and subsequent publication in different media, television, radio, Internet, promotional videos of Real Madrid CF and Real Madrid Foundation, as well as other promotional channels such as magazines, brochures, ads and billboards.

- The processing of personal data relating to their health by Real Madrid Foundation, and its transmission to Sanitas and to other insurance companies that will ease the necessary medical coverage for these activities.

- That Real Madrid Foundation transmits their personal data where necessary, for everything related to the internal camp organization, to facilitate access to sports facilities, residence, bus transfers and the insurance companies for the management of the Foundation insurance.

- The transfer of personal data to companies directly or indirectly related to Real Madrid Foundation for the purpose of commercial communications, newsletters, magazines, even electronically, of the different events organized by Real Madrid Foundation and own products linked to the company and others sold by companies directly or indirectly related to Real Madrid Foundation.

- The transfer of your data or your representation to REAL MADRID CF and Real Madrid Foundation, to receive communications, news on events, promotions or the club, to participate in draws, promotions and offers linked to the activities of Real Madrid CF that best suit their characteristics including the use of email and mobile phone.

You may exercise your rights of access, rectification, cancellation and opposition to the administration of Real Madrid Foundation, being able to use any of the communication channels provided by Real Madrid Foundation, according to the Protection of Personal Data, either at Real Madrid Foundation offices (CC Esquina del Bernabeu C / Padre Damián), or contacting campusderechosarco.fundacion@corp.realmadrid.com according to the procedure established by the legislation.

I have read and accept all the conditions included in this brochure and the general information about Real Madrid Foundation Campus Experience I have been provided.

Participants name: _____

ID/Passport N°: _____

In witness whereof, I sign this on: (day/month/year) _____

Signature of Student if he/she is over 14 years old

Signature of Father/Mother/Legal Tutor